

Hearten UK Ltd

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Inspection report

25 Rivermead Road
Woodley
Reading
RG5 4DH

Tel: 01189152374
Website: www.hearten.com

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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

Hearten UK LTD is a domiciliary care agency providing personal care to people in their own homes. The service is registered to provide support to people living with learning difficulties, autistic people, older people, people living with dementia and people with a physical disability or mental health difficulties. At the time of our inspection the service was providing personal care to eight people.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

People's experience of using this service and what we found

Right Support

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

People were supported by staff to be involved in decisions about their care and support. People received personalised care and support tailored to their needs and preferences. People had their own small staff team who they knew and trusted. Staff advocated for people.

Right Care

People's care and support plans did not always contain sufficiently detailed and accurate information and had not been regularly reviewed.

People received kind and compassionate care. Staff respected and promoted people's privacy and dignity. They understood and responded to people's individual needs.

Right culture

People had control over their lives because of the ethos, values, attitudes and behaviours of the management and staff.

People and those important to them were involved in planning their care.

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 October 2020 and this is the first inspection.

You can see what action we have asked the provider to take at the end of the full report.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment, need for consent, and good governance. 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 from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

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 ●

Hearten UK 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. 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

This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 48 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 14 September 2022 and ended on 20th September 2022. We visited the location's office on 14 September 2022. We made calls to people and their relatives on 20th September 2022.

What we did before the inspection

We reviewed information we held about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We contacted people who use the service and their relatives. We spoke with five relatives about their experience of the care provided to their loved ones. We sought written feedback from four members of staff and received feedback from two. We also spoke with the registered manager. We reviewed a range of records. This included two people's care records and medicine records, three staff files in relation to recruitment, staff training records and staff supervision records for two staff members. A variety of records relating to the management of the service including the staff rotas, and policies and procedures were also reviewed.

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 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

- People's medicines were not always managed safely.
- We reviewed the registered manager's audits of medicines administration records (MARs). In audits of two people's MARs the registered manager had stated there were no issues. However, for one person staff had not signed the MAR to say a medicine was given on 18th June 2022. In another person's MAR staff had not signed to say a medicine was given on 8th July 2022. The registered manager had not identified these omissions in their audits.

The registered person did not manage medicines safely. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- People's care plans contained risk assessments, however some risk assessments did not always clearly identify specific risks to people.
- For example, it was not clear from risk assessments which specific risk was being assessed. In one person's care plan the registered manager had written a risk assessment for autism. In the "Details of risk" section they had written, "[Person] has been diagnosed with autism... although [person] can communicate verbally [person] will understand more if you use pictures". The assessment did not identify a specific risk but talked more generally about the person living with autism. It did not provide clear or specific guidance to help staff manage risks.
- In another person's care plan the registered manager had identified the person's likes and dislikes as a risk. In their risk assessment, the registered manager had written, "[Person] has their likes and dislikes. If these are not followed [person]...may exhibit challenging behaviour." In the comments section the registered manager had written, "[Person] has their likes, for example...toys, train rides, car rides, local walks...[Person] does not like...crowded places...certain music." The risk assessment provided a list of likes and dislikes but did not clearly identify the risk or the measures staff should take to help mitigate it. When questioned, the registered manager was able to describe the specific strategies staff used to help manage the person's anxiety and behaviours in different situations. Staff confirmed they used these strategies to help manage the person's anxiety.
- Risk assessments did not demonstrate staff supported people to engage in positive risk taking behaviours to promote their independence. There was no evidence in people's risk assessments staff had considered how to support people to manage risks for themselves.

We recommend the registered person reviews and updates risk assessments to ensure they effectively

document risks to the health and safety of service users receiving care and support.

- Risk assessments to help staff manage specific conditions such as epilepsy contained clear and relevant information. Risk assessments contained guidance for staff on how to recognise a seizure, how to keep people safe if they experienced one, and when to administer emergency medicines or seek medical advice.
- Staff maintained seizure monitoring charts to mitigate risks and prevent injury. The use of monitoring charts also ensured staff were up to date with any changes in people's conditions to enable staff to seek the appropriate medical support promptly.

Systems and processes to safeguard people from the risk of abuse

- People's relatives told us they felt their family members were safe when being supported by staff. One relative said, "Oh yes [person] is definitely safe with staff". Another told us, "100% safe".
- People were protected from the risk of harm and abuse by staff who had completed the necessary training.
- The registered manager understood their duty to protect people from harm and abuse and to notify the relevant authorities if they became aware of people being at risk of harm.

Staffing and recruitment

- People received care from staff who had undergone a thorough recruitment process.
- Staff files showed relevant pre-employment checks were completed as part of the recruitment process, including proof of identity, evidence of good character and conduct, a full employment history with explanations for gaps in employment, and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.
- The registered manager ensured people received consistent care from staff who knew them well. Rotas were planned a month in advance and any absences were covered by the staff team. The registered manager told us that at times they had used staff from one agency but this was a rare occurrence.

Preventing and controlling infection

- People were protected from the risk of getting an infection by staff who had completed training, followed safe infection prevention and control practices and used the appropriate personal protective equipment.

Learning lessons when things go wrong

- The registered manager promoted a culture of reflective learning to identify the reasons for things going wrong to prevent recurrences and promote safe, effective care.
- Staff supervisions and team meetings were used by the registered manager as opportunities to support staff to learn from practice to make improvements to 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.

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 told us some of the people they supported did not have the capacity to consent to receiving care and support. We requested evidence of mental capacity assessments and consent to care documentation signed by those legally authorised to act on people's behalf, as well as evidence people without capacity had legally appointed representatives to act on their behalf. The registered manager told us they had not completed mental capacity assessments or best interests decisions for people. They also stated no one using the service had legally appointed representatives.

The registered person had failed to maintain complete and accurate records of mental capacity assessments, best interest decisions and consent to receiving care and support documentation. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's relatives told us staff always sought permission before providing care and support. One relative said, "Yes always, [registered manager] knows [person] very well and...knows what [person] likes but...still asks every time". Another relative told us, "Yes, and that's why I trust [registered manager] to take [person] out because [registered manager] does ask [person]. You have to have confidence in people".

- People received support from staff who had been trained in the MCA and knew how to apply its principles when delivering care and support.

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

- People's needs and preferences were assessed and documented by staff. Care plans were written from the person's perspective and contained specific details about how people wished to be supported. The registered manager told us care plans were reviewed as and when people's needs changed. However, records showed some care plans had not been reviewed for two years.

We recommend the registered person ensures care plans are regularly reviewed to make sure changes to people's needs are fully assessed and documented.

- The registered manager completed a detailed needs assessment before commencing packages of support.

Staff support: induction, training, skills and experience

- People were supported by staff who had a thorough induction based on 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 completed face to face learning, shadowing and e-learning relevant to their role before starting work.
- The registered manager told us there was a supervision and appraisal programme in place. They said they supported staff to complete qualifications relevant to their role. This was confirmed by staff.

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

- People's relatives told us staff provided individualised support to ensure their loved ones maintained a healthy diet. One relative said, "The food is very healthy all freshly prepared, no ready meals. [Person] recently was unwell and didn't eat and they...[supported person to eat] a tiny amount at a time...such patience and it worked, it nursed [person] back to health". Another relative told us, "Yes they go out to lunch, [person] chooses...wherever...[person] wants to go they go".
- People were supported to make healthy food choices by staff. Care plans contained detailed information about people's dietary preferences and support strategies for staff to help people maintain healthy diets.
- Care plans contained specific information about allergies and any unhealthy food related behaviours, as well as intolerances, to help staff promote healthy eating. Care records emphasised the support people needed whilst respecting their right to choose their preferred foods.

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

- People were supported by staff who worked co-operatively with professionals from other agencies to provide individualised support.
- Records showed staff supported people to access health appointments with relevant professionals.

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 told us staff had developed compassionate, caring bonds with people over extended periods of time. Their comments included, "[Registered manager] is very caring, he has looked after [person] a long time, he is like an extension of our family he is not just caring with...[person] but with me too", "They are the most dedicated carers in the world" and "More than anything – that is what they are good at".
- The registered manager ensured people received consistent support from the same members of staff. They had organised staff members into small teams and allocated the same staff to support the same people. People were also allocated a key worker who advocated for them and provided individualised, person centred support.

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

- Staff knew people well, supported them to express themselves and responded to any changes in their needs.
- People's relatives told us staff were skilled in supporting people to express their views about their care needs and preferences. One relative said, "They talk to [relative], they know [relative] very well though after all this time". Another relative told us, "They know [relative] well".

Respecting and promoting people's privacy, dignity and independence

- People's relatives told us staff treated them with dignity and upheld and promoted their privacy and independence.
- People's relatives gave examples of occasions where staff had upheld people's privacy and dignity. One relative said, "If [person] is having a meltdown they talk to [person] quietly and they take [person] away somewhere quiet". Another relative told us, "They treat [person] like a human being...it's a way of life not just a job".
- People's relatives also described how staff supported people to improve and maintain their independence. One relative said, "[Registered manager] helps [person] with money, not just in a shop when [person] is buying something but if [person] wants to save up for something too". Another relative told us, "[Staff] have taught [person] how to use an electric razor".

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 received individualised care which met their needs and preferences.
- Care plans were written in partnership with people and where appropriate, their family members. The registered manager told us he completed a detailed assessment of people's needs before commencing packages of care and support.
- People's relatives told us they had been involved in planning their loved one's care, which was reviewed as their needs changed. One relative said, "Yes I am involved in [person's] care plan and do updates to the weekly timetable". Another relative told us, "All the way...[person] was involved too
- Care plans were detailed with specific information which captured people's needs and interests to support staff to deliver individualised care, for example, information about their routines, dietary needs and interests. They also contained information about their life histories to help build a whole picture of the person for those supporting them.

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.

- The provider met the requirements of the Accessible Information Standard.
- People's care plans contained detailed information for staff about ways to help people communicate such as pictorial aids. The registered manager and staff ensured people received information in ways they could understand.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to make a complaint. There was a clear complaints policy in place and any concerns were investigated promptly and thoroughly.
- People's relatives reported they felt comfortable raising any concerns with the registered manager and these would be acted on. One relative told us, "Yes I can always go to [registered manager] at any time to talk. There is great communication". Another relative said, "[I would] talk to [registered manager] but I just don't need to".

End of life care and support

- At the time of our inspection the provider was not supporting anyone in need of end of life. The registered manager stated they had not put end of life care plans in place for people. We requested the registered manager and staff team include details about end life care and support in people's care plans.
- After the inspection the registered manager sent us evidence which showed they planned to assess and record people's end of life care needs in consultation with their family members. The registered manager sent us an assessment document, which would reflect people's physical, emotional, psychological and spiritual needs, providing clear and specific instructions to staff about how to support people in their last days.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider used some audits to maintain an oversight of the service. These audits were not always effective in identifying where fundamental standards were not being met. For example, they had failed to identify the errors and omissions in people's medicine administration records. This meant there was a risk people's medicines may not be managed safely.
- The provider had not completed audits of care plans and associated documentation. As a result they had failed to review care plans regularly. They had not identified some risk assessments in people's care plans did not always clearly detail specific risks to people, or provide sufficiently clear written instructions to staff. This meant staff did not always have clear and specific written guidance to help them mitigate risks for people and protect them from harm.
- In addition, the registered manager had not identified mental capacity assessments, records of best interest decisions and consent to care documentation were not included in people's care records.
- We questioned the registered manager about the audits and reviews they used to monitor and improve quality and safety in the service. They stated they had an awareness of tasks to be completed such as staff supervisions which were due, and medicine audits to be completed. We asked whether this information was recorded in an overall action plan for the service. The registered manager told us he did not have an action plan or overall record of tasks which needed to be completed. This meant there was a risk people would not receive individualised, effective care as the registered manager did not retain a sufficiently detailed oversight of the service.
- After the inspection the registered manager sent us an outline of the overall plan he intended to use to monitor quality and safety of the service. However, as the registered manager had not started using the plan we could not be assured this had been embedded to help him maintain a sufficiently detailed oversight of the service.

The registered person had failed to establish and effectively operate systems and processes to monitor quality and safety in the service to ensure compliance with the fundamental standards. People's care and treatment records were not always complete and accurate. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People received care and support from a dedicated staff team, committed to providing individualised care and promoting positive outcomes for people.
- People's relatives made positive comments about the support provided by the registered manager and staff. One relative said, "Yes [registered manager] leads by example from the top, it's not about rotas and money it's about care foremost. His ideas on care filter through to the staff". Another relative said, "Yes, [person] loves [their] support [staff] and that's what it is all about".
- The registered manager demonstrated compassion, understanding and a culture of reflective practice. They used different methods including surveys to gather feedback on the service provided from people, their relatives and staff. People's relatives felt staff were responsive to people's needs and the service was well managed. People's relatives commented staff were like members of an extended family.

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 the duty of candour and their responsibility to take action if something went wrong.

Continuous learning and improving care

- The registered manager maintained a culture of reflective practice in the service.
- Staff continually reflected on support delivered to provide an individualised and positive experience for people.

Working in partnership with others

- Staff worked effectively in partnership with a range of professionals to help people access services to promote their health and wellbeing including social workers, GPs, nurses and behavioural specialists.
- Staff supported people to maintain their health and wellbeing by accompanying them to appointments and providing detailed feedback to health and social care professionals to inform individualised, person centred care planning.

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 11 HSCA RA Regulations 2014 Need for consent</p> <p>How the regulation was not being met:</p> <p>The registered person failed to keep complete and accurate records of mental capacity assessments, best interest decisions and consent to receiving care and support documentation. Regulation 11 (1) (2) (3) (4) (5)</p>
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>How the regulation was not met:</p> <p>The registered person had failed to ensure the proper and safe management of medicines. 12 (2) (g)</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person had failed to establish and effectively operate systems and processes to monitor quality and safety in the service to ensure compliance with the fundamental standards. People's care and treatment records were not always complete and accurate. 17 (2) (a) (b) (c)</p>

