

ComityHearts Care Services Ltd

# ComityHearts Care Services Ltd

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

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?

**Requires Improvement** 

# Summary of findings

## Overall summary

Comity Hearts Care Services Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats. At the time of our inspection, one person was receiving regulated activity. 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 the service and what we found

Robust record keeping was not in place to support the delivery of care. Staff supervisions and competency checks were not consistently recorded. Staff were up to date with training, however, there was limited oversight of training.

The person receiving care was safe and protected from the risk of abuse and avoidable harm. There were systems in place to identify lessons to be learnt. The provider held meetings with staff to share lessons learnt. However, this was not always documented.

The provider did not record late visits, however, staff told us they had enough time on visits to allow them to complete all the necessary care. There was support in place for staff. All staff received shadowing shifts and induction when they started at the service. Staff told us there was regular supervision and competency checks, however, this was not always documented.

Specific capacity assessments and best interest decisions were clearly documented. The person receiving care was given choice about how they liked their care and support to be given. Relatives told us they were supported by staff who were kind and caring. The person receiving care was asked about their desired outcomes and what they needed staff to do to support them. This meant views and opinions were understood and acted on. Staff respected dignity and privacy and promoted the persons independence. Care plans were personalised to reflect care needs. The person using the service likes, dislikes and what was important to them were recorded in their care records.

The feedback about management and leadership was positive. Staff told us they felt supported and leaders were approachable. One staff member said, "The manager is really nice, they help me with the training and stuff. They always keep in touch."

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

Rating at last inspection

This service was registered with us on 6 May 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service. You can see what action we have asked the provider to take at the end of this full report.

### 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 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?

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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# ComityHearts Care Services 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

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

#### Service and service type

The 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 or registered manager would be in the office to support the inspection.

Inspection activity started on 20 August 2022 and ended on 1 September 2022. We visited the location's

office on 24 August 2022.

#### What we did before the 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. We reviewed information we had received about the service, such as details about incidents the provider must notify CQC about, for example incidents of abuse. We reviewed all other information sent to us from stakeholders such as the local authority and members of the public. We used all this information to plan our inspection.

#### During the inspection

We spoke with one relative about their experience of the care provided. We spoke with five staff members, including the registered manager. We looked at one care record and three staff files regarding recruitment. We also looked at quality monitoring records relating to the management of the service, such as audits and policies.

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

### Staffing and recruitment; Learning lessons when things go wrong

- There was enough staff however the provider did not record late visits. This was raised during the inspection and the registered manager stated they would take action to address this.
- The provider had systems in place to identify lessons to be learnt. The provider held meetings with staff to share lessons learnt. However, this was not always documented. Staff we spoke with could give examples of how information was shared to improve care.
- Systems were in place to make sure staff were recruited safely. Pre-employment checks included a criminal record check (DBS), employment history and references from previous employers.
- Care was delivered by a consistent team. One relative said, "We see one carer each time from a group of four carers."
- Staff told us they had enough time to spend on visits to allow them to complete all care needed. One staff member said, "Oh yes, we do have enough time, it's not rushed."

### Systems and processes to safeguard people from the risk of abuse

- The person receiving care was safe and protected from the risk of abuse and avoidable harm. Staff were up to date with safeguarding training and we found no unreported safeguarding concerns.
- The provider had a safeguarding policy and staff demonstrated how to recognise signs of abuse or neglect and how to escalate safeguarding concerns.

### Assessing risk, safety monitoring and management

- Systems were in place to assess the risks of health and safety. There was a log to record accidents and incidents.
- Risk assessments included specific information to reduce risks and provide safe care. Staff understood and followed risk assessments.

### Preventing and controlling infection

- The risks associated with infection prevention and control were well managed. Staff worked in-line with the provider's policy and training in this area had been completed.

# 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.

Staff support: induction, training, skills and experience

- There was support in place for staff. All staff received shadowing shifts and induction when they started at the service. Staff told us there was regular supervision, however, this was not always documented.
- Staff were up to date with training and there was a training matrix in place. However, records was not kept up to date. The issues regarding the oversight of training related to poor governance. Please see the well-led section of this report.
- The provider completed regular competency checks on staff and the manager frequently observed staff delivering care however, this was not documented.

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

- The person's characteristics under the Equality Act (2010) were protected and the person was encouraged to make their own choices and be involved in their care.
- Assessments relating to the person's care considered their physical, mental and emotional needs. The persons needs were clearly documented in their care records and regularly reviewed.

Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care

- Staff prepared meals for the person using the service as part of their care plan. The care plan documented the support planned and provided around nutrition and hydration.
- Staff supported the person receiving care with their meals and ensured preferences were considered. The relative with spoke with told us, "They always offer a choice for breakfast and then they prepare it".
- Staff contacted healthcare professionals when appropriate. The provider had built good working relationships with various professionals such as a local neighbour support service and district nurses.

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.

- Staff followed the principles of MCA. Specific capacity assessments and best interest decisions were clearly documented. The person receiving care was given choice about how they liked their care and treatment to be given.

# 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

- The person using the service was well treated and supported by staff. Relatives told us staff were kind and caring. One relative said, "They certainly treat [family member] with respect and always chat to them when they are working."
- Staff promoted respect when providing support. Staff we spoke with recognised the importance of the right to equality and diversity.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- The person using the service was supported to express their opinion and make decisions about their care. The care plans documented what the person liked to do independently and the tasks they required help with.
- The provider contacted the person using the service and their relatives to ask them for their general feedback about care provided.
- Staff respected the importance of privacy. For example, the relative we spoke with said, "They are very respectful of privacy, [family member] especially during personal care."

# 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; Improving care quality in response to complaints or concerns

- The person using the service received care and support which reflected their needs. The care plan was personalised to include information about their life history, their personal interests and what was important to them which helped staff know them and their needs.
- Staff we spoke with could tell us about specific needs and preferences documented in the care plan. Staff could explain how they used this information to provide personalised care.
- The care plan we reviewed evidenced the person and their relatives had been involved in care planning and reviewing their care.
- The provider had an oversight of complaints. There was a complaints log in place with actions documented.

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.

- The person using the service was supported with their communication needs. The care plan documented the support they required with their communication needs.
- Staff told us how they adapted their approach and communication depending on people's communication needs. For example, One staff member gave an example of how they previously used hand signs to communicate with someone who had poor hearing.

End of life care and support

- End of life wishes were considered as part of a person's assessments of their needs and recorded in their care plans. The care plan we checked documented conversations regarding their end of life wishes.

# 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; Continuous learning and improving care

- Quality assurance systems needed further improvement. Audits had been carried out but had not been translated into a service improvement plan. Following the inspection, we saw evidence the provider had implemented a service improvement plan however this was yet to be embedded.
- The providers failure to action audits led to gaps in records relating to supervision, training and competency checks.

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to demonstrate good governance. This placed people at risk of harm. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was responsive to the inspection process. Following the inspection evidence was provided to demonstrate the issues identified during the inspection was being addressed.
- The feedback about management and leadership was positive. Staff told us they felt supported and leaders were approachable. One staff member said, " The manager is really nice, they help me with the training and stuff. They always keep in touch."
- There was a clear statement of purpose and organisational structure in place.

Working in partnership with others; 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

- Staff we spoke with were aware of the importance of working with other agencies such as the GP and social services to meet a person needs.
- The registered managed demonstrated a good understanding of the duty of candour. The duty of candour is a legal duty for providers to act openly and honestly, and to provide an apology if something goes wrong.

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

- The service enabled staff to be empowered and voice their opinions. Staff told us management encouraged open discussion of any concerns.
- The provider held monthly staff meetings. Staff we spoke with said they attended meetings.
- The provider communicated with staff through emails and telephone calls.

- The provider had systems in place to collect feedback. One relative said, "We had a questionnaire where they asked us what we thought of the service and how it could be improved."

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have oversight on staff training.</p> <p>There was no service improvement plan in place.</p>