

Heart to Heart Integrated Care Ltd

Heart to Heart

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?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Heart to Heart is a domiciliary care agency providing personal care to people living in their own home. The domiciliary care agency is registered to provide a service to people over and under the age of 65 years old, people living with dementia, and people with physical disabilities.

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. At the time of the inspection, the service was supporting one person, and they received personal care.

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

Care plans and risk assessments required review. We found records were not always fully reflective of the support needs of people and the risk reducing measures in place. The provider had policies and procedures for the domiciliary care agency which were not reflective of their registration, we found policies which solely referred to 'young people'. The nominated individual told us these areas would be reviewed without delay.

We have made two recommendations for the nominated individual to review their records and policies.

People told us they felt safe and were supported by a regular team of carers. We were told staff were supportive, kind and considerate of people's needs. People were encouraged with independence, decision making and choice which placed them central to the care they received.

Staff followed infection control requirements and told us they were supported with COVID-19 procedures, which included staff testing. Staff told us their personal safety risks had been reviewed, they had access to personal protective equipment (PPE), and guidance was available to them.

People's needs had been assessed prior to care being delivered, and staff had the knowledge and skills to meet them. Staff told us they received good support from the nominated individual and felt able to raise any concerns. The nominated individual demonstrated safe recruitment procedures and was aware of their legal duty to report incidents of concern to the appropriate agencies.

People and relatives were involved in the care planning process. They told us staff were flexible to provide a service which met their needs and requirements. We were told the nominated individual regularly approached people and their relatives for feedback, and people told us they knew how to report concerns.

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

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

Rating

This service was registered on 5 November 2019 and this was 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?

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.

Heart to Heart

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was 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.

The registered manager of the service had left employment at the time of our inspection and was in the process of de-registering with the Care Quality Commission. This meant the nominated individual was legally responsible for how the service is run and for the quality and safety of the care provided.

The nominated individual told us they planned to complete an application to become the registered manager of the domiciliary care agency.

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 nominated individual would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority and Healthwatch England. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return. This is information

providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We reviewed a range of records at the office, this included recruitment documentation for one member of staff and an agency staff proforma. We also reviewed associated training and induction records. We asked the nominated individual to send us a range of records so we could review these away from the office. Records included care plans, risk assessments, staff rotas and staff training and supervision records. Additionally, we requested some policies and other records relating to the management and oversight of the service.

After the inspection

Following the visit, we reviewed the records which were sent to us as requested. We spoke with one person who used the service and one relative about their experience of the care provided. We spoke with one support worker and held a virtual call with the nominated individual to validate the evidence found.

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 as good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Staff knew people well and had good knowledge of their health conditions. Staff told us they communicated any changes or concerns with the nominated individual to ensure prompt reviews took place.
- People told us they were involved in decision making surrounding risk, and said staff assisted them in a way which promoted their independence and safety.

Systems and processes to safeguard people from the risk of abuse

- Staff provided support to people to help keep them safe. People and relatives told us they felt safe with staff and well cared for.
- Staff had completed safeguarding training and were aware of the different types of abuse they may encounter. Staff evidenced their knowledge and confidence in reporting concerns, and further shared their knowledge of the role of the local authority and CQC in safeguarding matters.

Staffing and recruitment

- People and relatives told us staff always communicated delays in their arrival, and these occurrences were infrequent. We were told care visits were provided for the required timeframe and they had not experienced any missed visits.
- The nominated individual had completed relevant checks on staff to help ensure they were suitable for the role. This included checks relating to employment history, obtaining references and if they had a criminal record.

Using medicines safely

- At the time of our inspection staff were not supporting people with the administration of medication, nor any aspects of ordering or collection of medication. Care plans identified people self-administered their own medication with support from their relatives.
- The provider had medication policies and procedures in place for the administration of medication, and we reviewed training records which evidenced staff had received training in the administration of medication.
- The nominated individual told us they planned to access additional training in relation to medication competency assessments. This was to ensure staff knowledge and practice remained current whilst this support was not actively being provided to people.

Preventing and controlling infection

- The provider had an infection control policy in place and staff told us they had read and understood this. Staff had completed infection control training which included topics in response to COVID-19.
- People and relatives told us staff wore PPE and practiced good hand hygiene when making their care visits.
- The nominated individual and staff told us regular COVID-19 testing took place. PPE supply was available at the office location for staff to request and collect when needed.

Learning lessons when things go wrong

- The nominated individual demonstrated how incidents were reviewed to increase safety. We saw action was taken following an incident to reduce risk with additional procedures implemented.
- Staff told us communication within the team was good, and incidents were shared with staff for their immediate knowledge.

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

- People told us they were involved in reviewing their care. Relatives told us staff were receptive to the specific wishes and preferences of people.
- The nominated individual said they planned to gain additional information from people. This included additional information on their life history, interests and hobbies where people wished to share this.
- People had their needs assessed before care was provided for the first time. The nominated individual evidenced how assessments included other healthcare services and professionals where required, such as before discharge from hospital.
- The nominated individual evidenced how healthcare support was arranged promptly for a person for assessment to take place. The nominated individual ensured procedures were followed and information was shared to ensure effective and timely care was provided.

Staff support: induction, training, skills and experience

- Staff had received appropriate training to meet the needs of people. Staff told us training was good, and they felt able to request additional training should it be required.
- Staff had received supervision and appraisal inline with the provider's procedures. Staff told us they found supervision was effective and meaningful for their role.
- Staff had received induction when commencing their employment. Staff said their induction experience was positive and included supernumerary time to allow them to become familiar with the needs of people.

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

- People were supported with light meal provision and told us staff provided them with food and drinks of choice.
- Staff were aware of the dietary needs and food preferences of people. They told us choice was offered and promoted.

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.

- At the time of inspection people were able to make their own decisions surrounding their care and support needs.
- The nominated individual and staff demonstrated good understanding of the MCA and supported people to make informed decisions. People told us staff explained things clearly to them, and they could make decisions based upon their preferences.

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;

Respecting and promoting people's privacy, dignity and independence

- People were treated with kindness and respect. People told us they felt listened to, and staff told us the importance of listening to people to ensure they were included in their care.
- The nominated individual demonstrated their understanding of respecting equality and diversity; people were treated as individuals and their preferences were sought.
- Staff understood the importance of promoting independence and respecting the privacy and dignity of people. People told us they felt their independence and dignity was promoted, and their privacy was respected.

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

- People and relatives were regularly approached to provide feedback on their care experience. They also told us they felt able to approach staff at any time.
- The nominated individual undertook care reviews with people and their relatives to discuss their care experience. People and relatives told us this ensured their care visits remained suitable for their needs.

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 told us their choices and preferences were explored and met by staff. Staff were familiar with the preferences of people, and relatives told us staff were effective in their approach to communicating with their family member.
- The nominated individual told us they communicated changes to people's preferences and wishes with staff. This ensured their knowledge and understanding prior to their arrival to support people.

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 nominated individual assessed people's communication needs prior to delivering care. Information was gained during the person's initial assessment and was further reviewed as part of the care review process.
- People told us information was given to them in a personalised manner. They told us staff provided additional support and adapted their communication approach where it may be required.

Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to raise concerns or complaints, and said they felt confident to do so.
- The nominated individual demonstrated processes were in place to review and act upon any concerns or complaints should they be received.

End of life care and support

- People were not in receipt of end of life care or support at the time of our inspection.
- The nominated individual said staff had completed end of life training during our inspection timeframe. Following this training, the nominated individual told us of plans to further explore the future wishes of people.

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

- People told us they received good quality and supportive care from staff who knew them well. However, we found care plans and risk assessments required review. Identified risks and care provision requirements were not always detailed within care plans for the people's needs to be fully evidenced. For example, moving and handling equipment had not been detailed within care documentation for staff guidance. The nominated individual told us this would be reviewed and recognised the opportunity for the further development of records.

We recommend the nominated individual reviews care plans and risk assessments to ensure care requirements, identified risks and risk reducing measures are fully recorded.

- Policies were not always reflective of the service user bands the domiciliary care agency was registered for. We found some policies referred solely to 'young people' which is not an age group supported by the service.

We recommend the nominated individual reviews their policies to ensure the service provided is underpinned by clear relatable policy guidance and information.

- Prior to our inspection, the nominated individual did not demonstrate a clear understanding of their responsibility of registration requirements in all instances. When arranging our inspection visit, we learnt the location of the office had changed, and an application had not been submitted to us. The nominated individual promptly completed this prior to our inspection commencing and demonstrated their learning in respect of this.

- The registered manager had left employment at the time of our inspection and was in the process of de-registering with the commission. The nominated individual advised us they planned to apply to the commission to become the registered manager of the service.

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

- The nominated individual and staff demonstrated a personalised approach to care for people. People had choice and were in control of their care.
- People told us they were treated with kindness and were central to decision making. This meant they felt

included at all stages of care provision.

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 nominated individual evidenced a clear understanding of their legal responsibility to report notifiable events to specific agencies without delay. Furthermore, the nominated individual recognised the importance of discussing such events with people and their relatives.

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

- People and relatives told us they experienced positive communication with staff. They said the nominated individual sought regular feedback on their experiences. Furthermore, they felt able to make suggestions or requests which were responded to positively by the staff team.
- Staff told us they felt able to make suggestions and were approached for feedback on their experiences. They said they felt listened to, were able to approach the nominated individual with any concerns or comments and enjoyed their role.

Working in partnership with others

- At the time of inspection care was not being provided to people who were funded by the local authority or clinical commissioning group. The nominated individual told us they would provide support to people to access their health providers as needed.