

Kind Hearts Care Company Limited

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Inspection report

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16 September 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

Kind Hearts Care Company Ltd is a domiciliary care agency providing the regulated activity of personal care to people in their own homes. The service provides support to older people, people living with dementia and people with a physical disability. At the time of our inspection, nine people were receiving personal care. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People received safe care from staff who knew them well. There was a safeguarding policy in place and the nominated individual and staff knew how to identify and report any concerns.

The service had enough staff to meet the needs of the people using the service. Staff had been safely recruited and pre employment checks carried out. Staff supported people with their medicines. People told us they received their medicines on time.

Staff received induction and training to enable them to meet people's needs. It was the provider's policy to ensure that the registered manager and care manager developed a rapport with new people before a team of care staff was introduced to the person. We saw that supervisions and field observation meetings for staff were carried out and staff told us they felt supported by the registered manager and care manager to perform their role.

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. People's nutritional needs were met. They received support to eat and drink enough to maintain a balanced diet.

People were supported in a caring way. The service focused on people's independence and dignity. People were respected as individuals with attention paid to equality, diversity and human rights. There were good relationships between people and their care workers.

The service carried out an assessment of each person's needs and how they liked to be cared for. Care plans included guidance for staff on how to meet those needs. There were processes in place to make sure people received care according to their agreed plans, needs and preferences. The provider responded positively to people's feedback about the service.

The registered manager sought support and liaised with other health and social care professionals when needed. As a result, staff safely and effectively met people's needs. People, family members and staff spoke positively about the management. There were systems in place to monitor, maintain and improve the

quality of the service.

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 16 July 2021 and this is the first inspection.

Why we inspected

This was a planned inspection based on the registration date.

Follow up

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?

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.

Kind Hearts Care Company 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

One inspector carried out the inspection and an Expert by Experience carried out the inspection. 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 24 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.

Inspection activity started on 13 September 2022 and ended on 16 September 2022. We visited the location's office on 14 September 2022.

What we did before the inspection

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 reviewed information we received about the service since registration, as well as information gathered as part of monitoring activity that took place on 26 July 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We spoke with three people using the service, six family members and six staff including the registered manager and care manager. We reviewed a range of records including three people's care records and medicine records. We looked at three staff files in relation to recruitment and a variety of records relating to 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.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to safeguard people using the service from the risk of abuse. People told us they felt safe with the staff supporting them. One told us, "I am very happy with my carers and feel safe with them as I have regular carers that I know well." A family member told us, "I am very confident that [relative] is safe with the carers as they are regular carers who are well known to us."
- Staff had been trained in safeguarding and whistleblowing procedures and the action to take to protect people from harm and abuse. This included who to report concerns to, both internally and to external agencies. Staff were clear about how to identify and report any concerns, including how to escalate concerns as necessary. One member of staff told us, "I would have no hesitation about reporting to [registered manager]; I know it would be dealt with in the right way."
- No safeguarding concerns had been raised since the service was registered. However, the registered manager understood their responsibilities in relation to safeguarding and including how to report any concerns immediately to the local authority and CQC.

Assessing risk, safety monitoring and management

- The registered manager assessed risks to people's safety and well-being. Care and risk management plans considered various topics including people's known health conditions, COVID-19, eating and drinking needs, allergies, mobility needs and if a person used any equipment, such as a walking frame. Plans set out clear actions for staff to follow to lessen these risks and were regularly reviewed.
- People were supported to stay safe and free from harm and were protected from identified risks by appropriate risk management plans. A family member told us, "The company completed a comprehensive care plan and risk assessments to ensure [relative's] care was safe and meeting their needs."
- Staff understood people's individual risks and where additional support was required. These were kept under review and staff documented their observations within people's daily records. The registered manager and care manager were also providing care at the time of this inspection and were directly aware of any changes requiring further assessment.

Staffing and recruitment

- There were enough staff to safely meet people's needs. People told us they received care from the same staff who arrived on time. One person told us, "The carers are almost always on time and stay for the length of time we would expect them to." Other comments included, "They arrive on time and have never been late," and, "There have been no missed calls."
- Staff told us they had enough time to do their work. One said, "If I ever have any problems [with travel time], they always adjust to allow more time."
- The registered manager followed appropriate recruitment processes with new staff to make sure they only

offered roles to fit and proper applicants. They established an applicant's experience and employment history and completed Disclosure and Barring Service checks. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. One person told us, "I feel safe as they have had all their background checks which is very reassuring."

Using medicines safely

- The service supported people with their prescribed medicines. There were procedures and systems in place to provide this support safely. This included having appropriate medicines administration records to document when staff did support a person to take their medicines. Family members confirmed that their relatives got their medicines as prescribed. One said, "They provide [relative] with medication and there have been no problems and will also collect it from the pharmacy."
- Staff had completed medicines support training and the registered manager had assessed their competency to do so. Their competencies were reassessed at each field observation the registered manager completed. All medicine administration records were audited each month.

Preventing and controlling infection

- The registered manager took appropriate measures to prevent people and staff catching and spreading infections. The infection prevention and control policy was up to date, and we confirmed there was sufficient personal protective equipment (PPE) to meet the needs of the service.
- Staff received training in infection control practices. Personal protective equipment (PPE) such as gloves, masks and aprons were provided for them. People confirmed staff were following correct infection control procedures, one person told us, "They wear their masks and gloves at each call and dispose of them in the outside bin as they leave."
- One staff member said, "I always replace my PPE. It is always available for us. This is checked when [care manager] does a spot check"

Learning lessons when things go wrong

- There was a system in place to monitor accidents and incidents which included a reporting policy and procedure detailing how to respond in such an event.
- The registered manager told us there had been no recent incidents. However, they explained if there were any incidents these would be recorded and investigated, so all involved could learn and try to prevent in the future.

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

- The registered manager assessed and discussed people's needs and preferences with them before they started to use the service to ensure they could meet their needs. Assessments were comprehensive and considered issues such as people's healthcare background, mobility, personal care and safety requirements and considered their protected characteristics under the Equalities Act 2010, such as a person's age, gender, religion, marital status and ethnicity.
- People had good outcomes from the support they received. One family member told us, "My [relative] used to have a stand aid to assist with mobility but since the carers have been here it is hardly used as they have helped improve their mobility." Another told us, "[Relative's healthcare professional] has seen improvements in overall physical and mental health and this is due to the wonderful care package and the carers."
- People also told us how the support they and their family members received impacted on their wellbeing. One told us, "Having care and wonderful carers has allowed both of us to have quality time together and our relationship has improved so much because I am not constantly in the role of being a carer."
- Care was provided in line with relevant national guidance. The registered manager kept up-to-date with developments in legislation and best practice. Any changes that affected the way in which care was provided were shared with staff. This was of particular relevance during the COVID-19 pandemic.

Staff support: induction, training, skills and experience

- Staff received training relevant to their role. This included a thorough induction and shadowing more experienced staff until they felt confident in their role. A family member told us, "The carers are well trained and understand [relative's] condition. They are very committed to ensuring all needs are met."
- Care staff we spoke with confirmed they had a robust induction when they joined the service, which included shadowing. They also told us they received regular supervisions with the registered manager, "They have a template that they go through which covers how we are, if we need any additional help. We discuss career progression as well."
- New members of staff were supported to complete 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.

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

- Staff helped people to prepare or serve food or assisted people to eat and drink where this was part of their agreed care arrangements. Care plans noted people's food and drink requirements and their

preferences and dislikes.

- A family member told us, "The carers make sure my husband is well hydrated during their calls," and another said, "They provide [relative] with food and drinks and are always asking what their preference is."

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

- The service ensured people's healthcare needs were recorded. Assessments detailed people's medical histories and how their health conditions could affect their care needs. There was suitable information on which health professionals were involved in people's care and their contact details. Each person's care plan included an 'emergency grab sheet' which contained essential details including emergency contacts, medicines, diagnosis and allergies.
- The service engaged with people and their families to support people to maintain good health and access healthcare services. A family member told us, "They are very astute and will act quickly if [relative] has any mood changes or is under the weather. They recognise if [relative] may have a urine infection and will take a sample for testing to make sure we access antibiotics quickly." Another said carers contacted the GP when they had concerns about the person's swollen legs and said, "They are very quick to identify and resolve any problems, it is so reassuring."
- Staff worked with other health and social care professionals to make sure people had consistent care. We saw how the registered manager negotiated with a health care professional for additional mobility and safety aids to be delivered to a person.

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 people they supported required assistance to make decisions about their own care and treatment. Where people lacked capacity to make specific decisions, staff worked with the person and their relatives to ensure appropriate capacity assessments were undertaken and decisions were made in the persons 'best interests' in line with the Mental Capacity Act 2005. They also told us the way in which staff respected people's choices was monitored during field observations.
- Where people's ability to make certain decisions had deteriorated, for example due to living with dementia, meetings had taken place with relatives and/or other professionals to ensure decisions made were in the person's best interests. This was documented on their assessment record. Family members told us how staff respected their relative's right to choose and told us, "The carers will inform [relative] of what task they are going to undertake and always ask if [relative] is agreeable to this." Another said, "They are gently persuasive when [relative] declines aspects of personal care, so that they can achieve the tasks that need to be completed."

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 were supported by staff who were caring and treated them well. They told us they were supported and treated with kindness and respect. One person told us, "They are very kind to me and really care." Family members told us, "[Relative's] needs are being met in full by wonderful carers that we trusts and are very fond of them." Another told us, "Having regular carers is wonderful as we all know each other well, they are very kind people."
- People told us that staff were consistently kind. One told us, "It's not just about the care they give, but they spend time chatting away to [relative] about their past career and show genuine interest in everything that's said." Another said, "They certainly do have 'kind hearts', they are respectful to us both and extremely kind and caring."
- People received care which respected their equality and diversity. The service identified people's religious and cultural needs and identified how best to support people in line with these. This included people's dietary needs and identifying people's preferred gender of their care workers.

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

- People were able to express their views and participate in decision making about their care. Staff supported people to have the information they needed to make informed decisions about their care. A family member told us, "The company hand-picked carers that would suit [relative's] needs and completed a care plan and risk assessments in full consultation with us all."
- Care plans were written in a way which promoted people's independence. They indicated which tasks they could do and what level of support care workers should offer whilst ensuring people's independence was maximised.
- People's privacy and dignity was respected. A family member told us, "They will help [relative] with all aspects of personal care, which is done in a dignified way and allows [relative] as much privacy as possible." Another told us, "They treat [relative] with dignity and respect and treat them like they are their Mum."

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 and their family members, where appropriate, were involved in the development of their care plans. The registered manager encouraged feedback so this could be used to update care plans. People and relative's feedback about their care was positive. One person told us, "Regular reviews of my care are completed and the care plan is updated with any necessary changes." A family member told us "With a care plan, they have a very good overview of [relative's] likes and dislikes and the manager reviews this from time to time."
- The provider adapted a 'no strangers policy'. This meant that when developing a new support plan, the registered manager and care manager engaged with the person to identify their support needs and to build a rapport with them before introducing potential carers. They then worked alongside the carer until such time as it was the carer developed a relationship with the person. The registered manager said, "No one wants a brand new person to start doing personal care. By doing it in this way, we also get to know our service users."
- People told us they believed the service was flexible to their needs. One person told us, "The company is very flexible and if I need to change call times, they will accommodate us, which is such a relief." Others told us that the way in which care staff were recruited to support the care plan meant that there was a good match with the person. A family member told us, "The match with [relative] is amazing, they know how to get [relative's] personal care just right."

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 service identified people's information and communication needs by assessing them and recording in their care plans for staff to be aware of how to support each individual.
- The registered manager told us, "When we carry out our assessments, we discuss any specific communication preferences. We are able to provide documentation in large print and can access other forms of communication such as braille if required."

Improving care quality in response to complaints or concerns

- No complaints were received since the service was registered. The provider had a suitable process for

investigating and responding to complaints. This outlined how investigations should be carried out, a timescale for responding promptly and explaining how complaints could be escalated to external bodies if necessary.

- People told us they had been given information and contact details for raising any complaint or concerns and confirmed they had not needed to do this. One person told us, "I have absolutely no complaints." A family member said, "The service is excellent and we have no complaints, the care could not be better."

End of life care and support

- The service did not support anyone requiring end of life care at the time of our inspection. However, we saw the registered manager had discussed end of life arrangements and preferences with people and their relatives.

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.

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

- The service had a positive, person-centred and empowering culture that supported people to achieve good outcomes. Care staff and the manager demonstrated real empathy for the people they supported and their families.
- Feedback from people and staff showed they found the service was consistently well-led. One person told us, "They make sure all my needs are met and I highly recommend them." A family member told us, "The service provided is wonderful and I would recommend this company to anyone."
- Staff told us they felt valued and explained how the registered manager promoted this positive culture through leading by example, being available and supporting them. Their comments included, "[Registered manager] is amazing. Anything I need help with, they have been brilliant."

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

- There were appropriate audits and checks on the quality of service delivered. The registered manager used a range of checks to monitor the safety and quality of the service. These included audits and reviews of people's care plans and files, reviewing daily care notes, checking care workers' infection control practices and use of PPE and telephone monitoring calls to people and their families.
- They also conducted unannounced field observations of staff in people's homes. These observations assessed staff timeliness, personal presentation, whether they greeted people appropriately on arrival, provided care as planned and always treated people with compassion and respect.
- Staff understood their roles and responsibilities. The provider used effective communication methods to keep staff informed about people's needs and changing conditions. These were communicated via supervisions, appraisals and a secure staff social media group.
- The registered manager understood their regulatory responsibilities. They notified us in a timely manner when certain events occurred as required by regulation. They accessed assorted resources to keep their knowledge and practice up to date, including CQC information and Skills for Care networks.

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 understood their responsibilities under 'duty of candour' to be open and honest when things went wrong. We were told that there had been no incidents which met the duty of candour threshold.
- Staff knew how to whistle-blow and told us they would raise concerns with the local authority and CQC if they felt they were not being listened to or their concerns were not acted upon.
- The registered manager was aware of their legal responsibility to report certain significant events that affect their service, to the CQC. The registered manager was transparent and open with us throughout the inspection process.

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

- The service involved people and their families in a meaningful way. There were regular care plan reviews in which people and their relatives participated. People spoke positively about the level of contact they had with the registered manager. One told us, "[Registered manager and care manager] communicate very well and if I leave a message I will get a response, usually within 5 minutes, amazing."
- The registered manager and care manager ensured they provided care support to every new person in order to be familiar with their needs, and said, "We are out there in the field to make sure we know everybody."
- Staff said they received good support from the management team and said their managers were available for support and advice when they needed this. They said they were provided with the appropriate information about how to support people safely. One said, "If someone has a condition we are unfamiliar with, [care manager] researches it and produces an information leaflet for us." Another told us, "[Care manager] is so knowledgeable and is very on the ball, [registered manager] as well; they are both very approachable. I could go to either of them about anything. They really care about their staff."

Working in partnership with others; Continuous learning and improving care

- The service worked in partnership with other health and social care agencies, such as pharmacists and GPs. This helped people to receive joined-up care to meet their needs. A family member told us, "The carers have all emergency numbers for the GP and nurse and I absolutely know they would summon help in an emergency."
- The provider was committed to continuous learning and improvement of the service so as to provide high quality care consistently. The registered manager said, "There are always ways in which we can improve. The next plan is to introduce an electronic call monitoring system for live updates in the field."
- Family members told us they could not think of anything the agency could improve upon. One said, "I don't think there are any areas that they can improve upon as they are very good." Staff said the registered manager welcomed their suggestions and ideas for improvement.