

Kind Hearts Care & Support Limited

Kind Hearts Care & Support Limited

Inspection report

Suite 5, Unit 64
Britannia Way, Britannia Enterprise Park
Lichfield
Staffordshire
WS14 9UY

Date of inspection visit:
07 February 2023

Date of publication:
07 March 2023

Tel: 01543520608

Website: www.kindheartscare.org

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Kind Hearts Care and Support Limited is a domiciliary care agency providing personal care to people living in their own homes. The service provides support to people living with dementia, older and younger adults, people with learning disabilities and autism and people with physical disabilities. At the time of our inspection there were 17 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

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.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

Right support

The provider had made improvements to the systems in place to manage medicines and assess and monitor identified risks to people. People were supported by staff who recognised and reported on the risk of abuse. People were supported by enough staff who were safely recruited to work in the service. The provider had effective infection prevention and control systems in place.

Right care

People's needs were assessed and delivered in line with their choices. People were supported by staff who were trained to meet their needs. People were supported to eat, and drink where required. Staff worked with other health and social care agencies to ensure people received consistent and timely care and support to access to healthcare services.

At the time of the inspection no one receiving care lacked capacity to make decision on aspects of their care. People were supported to have maximum choice and control of their lives.

Right culture

The provider had updated their governance systems to ensure they identified areas to make improvements to people's care. The registered manager and staff shared a positive culture which was person-centred and ensured good outcomes for people receiving care. The registered manager understood their obligation

under the duty of candour. People, their relatives and staff were involved and engaged in the service. The provider continued to learn to improve people's care. The provider worked in partnership with others and lessons were learnt when things went wrong.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 25 January 2020). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended that the provider had a robust system in place around staff training. At this inspection we found the provider had made improvements and staff received training to meet people's needs. Clear records were kept of training staff completed and when courses were due for an update.

Why we inspected

This inspection was prompted by a review of the information we held about this service and to follow up on action we told the provider to take at the last inspection.

We carried out an announced comprehensive inspection of this service from 4 December 2019 to 9 December 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Kind Hearts Care and Support on our website at www.cqc.org.uk.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Kind Hearts Care & Support Limited

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by 1 inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

We gave the service a short 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 07 February 2023 and ended on 15 February 2023. We visited the location's

office on 07 February 2023.

What we did before the inspection

We reviewed the information we had received about the service. We sought feedback from the local authority who work with 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 used information gathered as part of monitoring activity that took place on 10 October 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 3 relatives of people who use the service, of their experiences of care. We spoke with 3 members of staff, including the registered manager/nominated individual and care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records, these included 2 people's care records and multiple medication records. We looked at 2 staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely; Assessing risk, safety monitoring and management

At our last inspection, systems were either not in place or robust enough to demonstrate safety was effectively managed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had made enough improvement and they were no longer in breach of this regulation.

- The provider had made improvements to the systems in place to manage medicines and assess and monitor identified risks to people.
- The provider had transferred from paper records to an electronic recording system, since our last inspection. The system in place provided staff with up to date and clear information to help ensure people's medicines were clearly recorded and managed safely.
- People's medicine administration records were completed and where people were prescribed medicines to be taken when required, guidance was now in place to inform staff of specific information. The system in place generated an alert if a medicine had not been recorded as administered to inform staff.
- People's relatives confirmed they had no concerns with the medicine support staff provided.
- People now had risk assessments in place in relation to any identified health condition they had. The information informed and guided staff to meet their individual needs. Relatives we spoke with confirmed staff knew people's needs and any risks they had.
- Some people's care records clearly recorded an identified allergy, we found however there was no risk assessment in place for this. When informed, the registered manager took action and put the required risk assessments in place. These informed staff of signs and symptoms and guidance should the person have an allergic reaction.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who recognised and reported the risk of abuse.
- People's relatives we spoke with confirmed they felt their loved one was safe when staff supported them. One relative told us, "[Person's name] is safe with staff. The staff are very good and never let us down."
- Staff confirmed the process they followed if they had any concerns, this included informing relatives and documenting their concerns to raise any required referrals.
- Staff only had access to people's records they directly supported, this provided staff with access to relevant information and protected people's safety and privacy.

Staffing and recruitment

- People were supported by enough staff who were safely recruited to work in the service.
- The provider had made improvements to their recruitment processes since our last inspection, and references were now obtained from previous employees prior to staff employment.
- Staff had pre-employment checks completed prior to their employment including Disclosure and Barring Service (DBS) checks. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People we spoke with confirmed regular staff attended their calls and they stayed for the required time. One person told us, "Oh yes staff stay for the duration of the calls. [Person name] does not go out much, the carers are lovely, they see them as their friends."

Preventing and controlling infection

- The provider had effective infection prevention and control systems in place.
- People's relatives confirmed staff wore the required Personal Protective Equipment (PPE) when delivering care.
- Staff confirmed they had access PPE to help keep them and the people they supported safe.
- Staff had access to information and guidance around preventing and controlling infection. This included hand washing protocols.

Learning lessons when things go wrong

- Lessons were learnt with things went wrong.
- Staff reported any accidents or incidents on the electronic system. This generated an alert to the management team to review and take and record any further required actions. This helped reduce the risk of it happening again.
- The registered manager reviewed the electronic system daily to ensure people received their calls as required. On 1 occasion the registered manager identified a staff member had not signed into their required call. The registered manager took action to investigate and provide staff cover to ensure the person received their care call.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed and delivered in line with their choices.
- People's assessments formed their plan of care which provided staff with information to meet people's needs. Some people's care plans had been updated, however the updates had not been clearly recorded on all areas of the care plan. The registered manager confirmed they would review this, to ensure all aspects were updated as required.
- People's relatives confirmed staff knew their loved one well and knew how to support them meeting their needs and preferences. One relative told us, "[Person's name] is very particular and staff are very good at managing their needs, they like things done in a certain way, and the staff deliver that care."
- Another relative told us when their loved one's needs had changed, the team coordinator completed an assessment with a carer which helped ensure the person received the right care to meet their changing needs. They also stated, "[Person's name] is involved in their care planning, they are fully in control and staff work with them to make sure [Person's name] get what they need."

Staff support: induction, training, skills and experience

- People were supported by staff who were trained to meet their needs.
- The provider had updated their training matrix since our last inspection and confirmed when they supported people with specialist needs training was provided for staff tailored to that individual. For example, 1 person had eye drops, staff completed training in this area to effectively meet their needs.
- Staff completed an induction when first employed. Part of their induction included shadowing experienced staff members prior to completing calls independently. The registered manager told us, "If a staff member does not feel confident after their period of shadowing, we will give them the time they need further shadowing."

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

- People were supported to eat, and drink where required.
- People's relatives we spoke with confirmed staff supported them if needed and they did not have any concerns. One relative told us, "Staff support [Person's name] with their breakfast, we have no concerns at all, it is all fine."
- People's care records included information for staff to meet people's specific eating and drinking support needs. For example, we saw 1 person's record which detailed how staff were to prepare their meals, whilst respecting their independence by allowing them time to choose what they wanted to eat and drink for each meal.

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

- Staff worked with other health and social care agencies to ensure people received consistent and timely care and support to access to healthcare services.
- The provider worked with General Practitioners (GPs), Occupational Therapists (OTs), local authority social workers and at times district nurses to meet people's needs.
- One relative confirmed staff made the required referral to the OT for their loved one when it became difficult for them to get out of their bed. The referral resulted in them having an electric bed, which meant they could transfer more easily from their bed.
- The provider supported people to access their regular health check-ups, such as sight tests and dental checks, by taking them to their appointments when required.

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.

- At the time of our inspection, we were advised every person receiving care had the capacity to make decisions about their care, and therefore there was no capacity assessments completed. Staff monitored people's fluctuating capacity and were aware of the process to make required referrals when needed. The registered manager confirmed if they were concerned for a person's mental capacity, they would contact the GP. We will revisit this at our next inspection.
- Staff understood the principles of the MCA and the provider had booked further training in the MCA for staff to complete in due course. This would help staff further deliver care in line with principles of the MCA.
- At the time of our inspection no one was subject to a court of protection application.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection, systems or processes in place did not effectively ensure people received a good quality safe service and this was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had made enough improvement and they were no longer in breach of this regulation.

- The provider had updated their governance systems to ensure they identified areas to make improvements to people's care.
- The registered manager had reviewed their recruitment process since our last inspection to ensure DBS checks were completed and references were obtained prior to staff employment.
- The registered manager completed spot checks on staff practice, this now included medicine competency checks. This helped ensure people received their medicines safely and were supported by staff who had their practice regularly reviewed.
- The provider had a clearer oversight of medication administration records now they had transferred to electronic records. The system generated alerts when medicines had not been recorded, and when any changes in people's medicine occurred the registered manager updated the system to reflect this. This meant staff had an up to date record of what they were administering.
- The registered manager effectively monitored the calls people received. They reviewed the electronic system daily to ensure people received their calls as required. The registered manager told us, through the system they identified a staff member had not signed into their scheduled call. They took action to investigate, contacted the person due to receive care and provided staff cover to ensure the person received their care call as required.

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

- The registered manager and staff shared a positive culture which was person-centred and ensured good outcomes for people receiving care.
- People's relatives confirmed staff had a positive and caring approach. Relatives we spoke with described themselves as, "Lucky" to have the staff and the care provider.
- Staff we spoke with were passionate about meeting people's needs and delivering safe care. One staff member told us, "The provider is 1 of the best in the area, the company is so caring, the staff are so caring,

and we work well as a team."

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 their obligation under the duty of candour.
- Staff were encouraged to be open and honest and relatives we spoke with confirmed staff had an open communication with them. One staff member told us, "We [Staff] have a good rapport with people and their families, the communication is good."

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

- People, their relatives and staff were involved and engaged in the service.
- People's relatives we spoke with confirmed they regularly received questionnaires to provide feedback on the service and ways to make improvements.
- People and their relatives had access to the electronic care system. One relative told us, "Staff keep me informed of anything, but the [Electronic Application] is really useful, even if there is nothing to be aware of, I can see the staff have been and what they have done, I can see that [Person's name] is ok. The staff are very good, I have no issues at all."

Continuous learning and improving care

- The provider continued to learn to improve people's care.
- The registered manager was a part of a local registered managers network which provided them with the opportunity to share and receive information and input on ways to make improvements to their service. The registered manager told us they found the network, "Very informative and positive."
- Staff told us they had the opportunity to make suggestions to improve the care they provided.

Working in partnership with others

- The provider worked in partnership with others to ensure good outcomes for people receiving care.
- The registered manager told us they worked closely with local organisations to support people receiving care. One external service organised and arranged day trips out. Another provided transport, where the service is unable due to access, for example, if the person requires a wheelchair vehicle to attend appointments.