CARE IS WHERE THE HEART IS LTD

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
CARE IS WHERE THE HEART IS LTD is a domiciliary care agency providing personal care to people in their own homes. The service was supporting six people with personal care at the time of our inspection.

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
Care plans and risk assessments were in place for people. However, some risk assessments lacked sufficient detail to guide staff. The provider had failed to ensure accurate and up to date information regarding people's medicines was in place. Staff were recruited safely. Systems were in place for staff to report and record incidents involving people. People were safeguarded from abuse.

People's physical, mental health and social needs had not always been holistically assessed. Risk assessments and care plans contained contradictory information. The provider had not always liaised with other agencies to ensure people's care needs were monitored and met. Staff received regular supervision.

The provider had failed to consistently analyse reports of incidents and accidents. The service did not always work in partnership with others. Staff felt supported by the provider and manager. People and their relatives were involved in their care.

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. The provider was working within the principles of The Mental Capacity Act 2005.

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 Inadequate (published 21 April 2022) and there were breaches of regulation. 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 the provider remained in breach of regulations. For the last four inspections the service has been rated requires improvement or inadequate.

This service has been in Special Measures since 16 March 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out an announced comprehensive inspection of this service on 28 February 2022. Breaches of legal requirements were found in relation to person centred care, safe care and treatment, governance, staffing and fit and proper persons employed.

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 inadequate to requires improvement. 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 CARE IS WHERE THE HREAT IS LTD on our website at www.cqc.org.uk.

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 a breach in relation to good governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up
We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

CARE IS WHERE THE HEART IS 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 two inspectors.

Service and service type
CARE IS WHERE THE HEART IS LTD 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 not a registered manager in post.

Notice of inspection
We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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.

During the inspection
We spoke with three people who used the service and two relatives about their experience of the care provided. We spoke with seven members of staff including the provider, manager, senior carer and care workers. We reviewed a range of records. This included six people's care records and medication records. We looked at five staff files in relation to recruitment and staff competencies. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Requires Improvement

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 inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection we found systems were either not in place or robust enough to demonstrate safety was effectively managed. This was a breach of Regulation 12 (Safe care treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found some improvements had been made and the provider was no longer in breach of Regulation. However, further improvements were still needed.

- At our last inspection we found the provider had not always fully assessed the risks to people's health, safety and welfare or put clear plans in place for managing these. This lack of robust risk assessments and care plans meant people were at increased risk of harm.
- During this inspection we found care plans and risk assessments were in place for people. However, some risk assessments lacked sufficient detail to guide staff how to safely support people. For example, one person had a catheter in place. We found the associated risk assessment did not include guidance relating to signs of complications with the medical device. Another person required staff to clean a medical device. Although a risk assessment and care plan were in place, we found the information for staff to follow lacked detail. Since the inspection, the provider has provided staff with clear guidance to follow.
- Two people's care records also contained contradictory information about their risk of choking and how staff were to support them to eat safely. This meant people were at increased risk of not having their care needs safely met.
- We raised these issues with the manager and provider who immediately took steps to address them.
- Staff we spoke with were aware of people's health and care needs, the risks to people and their role in managing these. They understood how to raise any concerns regarding the safety of people's care should they need to.

Using medicines safely

At our last inspection we found systems were either not in place or robust enough to demonstrate safety in the management and administration of medication. This placed people at risk of harm. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found some improvements had been made and the provider was no longer in

breach of regulation. However, further improvements were still needed.

● At our last inspection we found people's medicines were not always managed and administered safely to ensure they were not placed at risk.
● During this inspection we found some improvements had been made. However, the provider had failed to ensure accurate and up to date information regarding people's medicines was made available to staff. For example, one person did not have an up to date list of their prescribed medicines in their care plan. This increased the risk of medication errors.
● Where medicines were to be administered on an 'as and when required' basis (PRN medicine) the provider had failed to ensure written guidance was always made available to staff. Although staff we spoke with were aware of how to administer people's medicines, this meant there was an increased risk of PRN medicines being used inappropriately.
● Staff we spoke with had completed medicines training. The provider carried out competency assessments of staff to confirm they were able to administer medicines safely.

Staffing and recruitment

At our last inspection we found the provider had failed to operate robust recruitment practices. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found improvements had been made and the provider was no longer in breach of regulation.

● At our last inspection we found the provider had not adhered to safe recruitment practices. This placed people at risk of being supported by unsuitable staff.
● During this inspection we reviewed five staff members' recruitment records and found the provider had consistently completed pre-employment checks to confirm their ability to work with people. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
● The provider had obtained two suitable references prior to staff commencing employment in line with their own recruitment policy.
● Where concerns had been raised by staff members' previous employers, the provider had followed up these concerns. We saw the provider had documented conversations with the staff involved and taken reasonable steps to mitigate the concerns raised.

Learning lessons when things go wrong

At our last inspection we found systems were not in place to ensure people consistently received safe care and treatment. This placed people at harm. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found improvements had been made and the provider was no longer in breach of regulation.

● At our last inspection we were not assured the provider had consistently recorded, analysed or acted on incident and accidents to reduce harm to people.
● During this inspection we found the provider had made some improvements to their incident

management process, and that incidents and accidents involving people were now consistently recorded and reported by staff. When people were involved in potentially serious incidents, the provider and manager reviewed these and responded appropriately to keep people safe.

● For example, one person was involved in an accident causing an injury. We saw the provider immediately took steps to keep the person safe and mitigate the risks of reoccurrence.

● Staff we spoke with were aware of how to report accidents or incidents. Staff told us the improvements the provider had made to the incident reporting process were positive.

Systems and processes to safeguard people from the risk of abuse

● The provider had ensured people were safeguarded from abuse. We saw the provider had acted in good time upon receiving safeguarding concerns involving people. The provider ensured action was taken to keep people safe and reported their concerns to the relevant partner agencies.

● The provider had ensured all staff received up to date safeguarding training. Staff we spoke with were able to identify the signs of abuse and how to keep people safe from it.

● People we spoke with felt safe. One person told us "I couldn't feel any safer, I've never been looked after so well."

Preventing and controlling infection

● The provider had ensured they were following the most up to date government advice regarding COVID testing for staff. The provider had ensured all staffs' test results were recorded and made arrangements should someone test positive.

● Staff had been trained in the correct use of personal protective equipment (PPE) and how to prevent or control infection.

● People and their relatives told us staff wore PPE when entering their homes.

Requires Improvement

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 inadequate. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

At our last inspection we provider had failed to assess people's needs and choices. This was a breach of Regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found some improvements had been made and the provider was no longer in breach of Regulation. However, further improvements were still needed.

- The provider had processes in place to assess people's physical, mental health and social needs before their care started. However, the information recorded about people's assessed care needs was not always clear, comprehensive or sufficiently detailed.
- One person had a number of long-term physical health conditions that affected their mobility. Their initial assessment did not adequately consider these. However, the person's care plan provided staff with guidance on how to meet their health and care needs.
- Another person's initial assessment stated they did not require support with their medicines, whilst their care plan indicated staff were to help them to take these. Since the inspection, the provider has ensured accurate information is recorded in the person's care records.
- We did not identify anyone whose care needs were not being met by the provider.
- Staff we spoke with were aware of people's health and care needs. Staff were able to describe people's needs well and their role in supporting them.

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

- During the last inspection we found risks to people with swallowing difficulties were not always identified and managed safely. During this inspection we found some improvements had been made.
- The provider had ensured people's nutritional and hydration needs were considered when completing assessments and care plans.
- When needed, the provider sought the advice and guidance of other healthcare professionals to ensure people's nutritional and hydration needs were met.
- Staff had not always been provided with clear written guidance on how to support people to eat safely. However, staff we spoke with knew people's nutritional needs well. Staff were able to describe the risks to people and their role in reducing them.
- People we spoke with told us they were happy with the provider's role in providing meals.

Staff support: induction, training, skills and experience

At our last inspection we found the provider had not ensured all staff received appropriate support to carry out their duties. Whilst some staff had received supervisions, new staff members had not received supervisions to discuss if they felt confident to undertake their duties following induction. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found improvements had been made and the provider was no longer in breach of regulation.

● Since the last inspection, the provider had implemented regular staff supervision and systems to ensure they were consistently completed. Staff we spoke with confirmed they had received regular supervisions and told us they found these beneficial.
● The provider had ensured staff completed all mandatory training. Where people had specific healthcare needs, the provider had ensured staff received additional training. For example, one person had a particular long-term health diagnosis. The provider had sourced additional training for staff to ensure they were better able to meet people's needs.
● The provider had made improvements to their induction training for new staff. The provider had implemented a clear and structured induction programme. This meant new staff had the skills and knowledge to support people safely.
● Staff we spoke with felt supported by the provider and manager. One staff member told us "[Provider] has been great, really supportive and flexible when I've had issues."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● During the last inspection, we were not assured the provider always liaised effectively with other agencies, teams and professionals to ensure people's health needs were monitored and met.
● During this inspection, we found improvements were still needed in order to ensure people's care needs were met. For example, one person was at risk of a worsening skin condition. Care records did not evidence the provider had liaised with external healthcare professionals to support treatment of the skin condition. This meant people were at risk of worsening health care conditions.
● People and their relatives told us they had been kept up to date about their care. One person told us "[My relative's] care plan is constantly being updated as they're so complex. [The provider and manager] are constantly asking me questions and updating me."

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

● During the last inspection we found the provider was not working in line with the principles of the MCA. During this inspection we found improvements had been made.

● People's care plans and risk assessments considered people's capacity to make decisions and consent to care.

● The provider had ensured all staff received training in the MCA.

● Staff understood the importance of involving people in decisions about their care. One member of staff told us "I always ask [person] what they want and how they want it done, we should listen to them and do things how they want."

Requires Improvement

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 Inadequate. At this inspection the rating has changed to 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

At our last inspection the provider had failed to implement robust audits and monitoring systems. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

● During the last inspection we found the provider did not have effective systems and processes in place to assess and reduce risks to people's health and safety.
● At this inspection we found the provider had improved these systems and processes. However, further improvement was needed.
● Although incidents and accidents involving people were now consistently reported and recorded by staff, the provider had not maintained effective oversight of these. For example, we identified multiple reported discrepancies involving people's medicines records, which had not been investigated or addressed by the provider. We did not identify anyone who had not received their medicines as prescribed.
● Less serious incidents involving people had not always been reviewed and responded to by the provider in a timely manner. For example, we identified 84 such incidents which had not been reviewed by the provider for over one week. In addition, the provider had failed to analyse patterns and trends in incidents involving people.
● The provider's broader quality assurance systems and processes were not always effective. These had not enabled them to identify and address the shortfalls in quality we found at this inspection, including improvements needed people's initial assessments, risk assessments, care plans and medicines records.
● Audits of people's care records only recorded if particular information was present and did not consider the quality of the information recorded. This increased the risk of people receiving poor quality care.

The provider had failed to implement robust audits and monitoring systems. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The provider is required to have a registered manager for the service. There was no registered manager in

post at the time of the inspection and no registered manager had been in place since February 2021.

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

● During the last inspection, we were not assured the provider and manager understood the duty of candour.
● At this inspection, we found the provider and manager had increased their awareness and were aware of their associated responsibilities, including the need to be open and honest with people when care had not gone according to plan. We saw evidence the provider was acting in line with their responsibilities.
● All staff members we spoke to stated they felt supported by the provider and manager. One staff member told us "It's a really good set up here; that's why I've stayed so long." All staff felt the management team led by example and were good leaders. One member of staff told us "[Provider and manager] get stuck in, are involved and visit clients. They're excellent."
● Staff we spoke with told us they were happy with the changes made since the last inspection and felt the provider was making improvements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● During our last inspection we received mixed views from relatives about the effectiveness of their communication with staff and management. During this inspection, we found the provider had improved in this area. People and their relatives we spoke with told us the provider was communicative and responsive to people's queries. One person told us "If there's ever a problem, I know I can pick up the phone to [provider and manager]. They're always there to help me." Another person's relative told us the provider was in regular communication with them about their relative's care.
● The provider had sought feedback from people and their relatives to gain their views and insights into the care they were receiving.
● The provider held regular team meetings with care staff. We viewed the minutes from these meetings and saw the provider was actively encouraging staff to share their views on the service.

Working in partnership with others
● We saw mixed evidence of the service working with other services. For example, one person was known to have been assessed by an external healthcare service. The provider had not made contact with the partner agency to confirm the details of their assessment.
● Another person had been involved in an incident. We saw the provider had immediately contacted relevant partner agencies to support the person.