

# Hearts At Home Care Limited

# Fordingbridge

## Inspection report

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## Ratings

|                                 |        |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
| Is the service safe?            | Good ● |
| Is the service caring?          | Good ● |
| Is the service well-led?        | Good ● |

# Summary of findings

## Overall summary

### About the service

Fordingbridge, otherwise known as Hearts at Home Care, is a domiciliary care service providing personal care to people in their own homes. This is help with tasks related to personal hygiene and eating. Not everyone who uses the service receives personal care. CQC only inspects where people receive personal care. Where they do, we also consider any wider social care provided.

Seventeen people were receiving personal care from the service at the time of the inspection.

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

There were enough staff for people to have a mostly regular team of staff. People received a weekly rota to say which staff would be visiting when. In the past, staff recruitment checks had not always been rigorous. The service had since remedied most gaps in records, such as missing references. However, we have made a recommendation in relation to recruitment records.

People and relatives told us staff treated them or their family member kindly and respectfully, honouring their preferences and promoting their independence. People's personal information was kept secure and staff understood the importance of this. We have made a recommendation about the management of confidential images.

Everyone we spoke with said they or their family member felt safe with care staff. Managers and staff understood their role in protecting people from abuse and avoidable harm. Risks to people and staff providing their care were assessed and managed. Although medicines were managed safely, the provider was seeking to improve oversight with a new computerised recording system.

Staff had training in infection prevention and control. People told us staff cleaned their hands. There was a good supply of personal protective equipment (PPE) and staff wore this during visits.

People, relatives and staff talked about the service being family run. Staff and managers talked about people respectfully and compassionately. The registered manager and nominated individual were clear about their responsibilities. They maintained oversight by seeking people's feedback, spot checks and audits, and regular supervision and informal conversations with staff.

The nominated individual and registered manager recognised the pandemic had adversely affected staff morale. There had been frequent changes in office staff and there were ongoing efforts to recruit suitable replacements. People, relatives and staff voiced that this had been unsettling and sometimes hindered communication. However, staff spoke positively about their work.

### Rating at last inspection

The last rating for this service was good (published 8 January 2020).

### Why we inspected

We received concerns in relation to staff recruitment. As a result, we undertook a focused inspection to review the key questions of safe, caring and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained good. This is based on the findings at this inspection. We found no evidence during this inspection that people were at risk of harm from this concern. The provider had taken action to reduce the risks and this had been effective. Please see the safe section of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Fordingbridge on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### 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 caring?**

**Good** ●

The service was caring.

Details are in our caring findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Fordingbridge

## 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

The inspection was undertaken by an inspector, two assistant inspectors and an Expert by Experience. 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 homes.

The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection

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

Inspection activity started on 28 April 2021 and ended on 7 May 2021. We visited the office location on 28 April 2021.

#### What we did before inspection

We reviewed information and feedback we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and two relatives about their experience of the care provided. We also talked with eight members of staff including the nominated individual, registered manager and care workers.

We reviewed a range of records. These included two people's care and medication records, four staff files and a variety of records relating to the management of the service, including policies and quality assurance records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- The service's recruitment policy required checks such as references and Disclosure and Barring Service (DBS) clearances before a worker took up employment. The DBS checks people's criminal record history and their suitability to work with people in a care setting. This had not always been undertaken rigorously in the past. The service had since identified where there were gaps in records, such as missing references, and had remedied this. However, some gaps in one member of staff's employment history had not been fully accounted for; this was addressed during the inspection.

We recommend the service introduces a suitable audit process to ensure it is in possession of all the required recruitment records.

- There were enough staff to provide the care people needed. People said they or their relative did not usually feel rushed during care. They also said staff stayed the full length of calls, unless nothing else needed doing. Staff confirmed care calls were long enough for them to provide the care required.
- People generally received a weekly rota that told them which staff would be visiting and at what time. Comments included: "You get the rota in advance", "They do email the rota", and, "Always in advance, she now posts it directly to [person] as I don't have a printer". One person said they did not get a rota and that staff just turned up, but they also said certain staff tended to be late, indicating they expected staff at a certain time.
- People were mostly advised about changes to their rota. During the inspection visit office staff telephoned people to advise them of a change of staff for their teatime and evening care calls, as a member of staff was off work at short notice. One person said that in their experience "rotas are changed and they don't tell you", whereas another person commented, "They do stick with it [rota]", although they did experience a surprise change of staff a few weeks before due to staff absences. Staff confirmed that rota changes were clearly communicated to them: "They do tell us about changes to rota."
- People said staff were generally punctual or informed them if they were running late. Comments included: "They are normally here within 15 minutes of their time that they are allowed. I have not had a missed call for a couple of years" and "Occasionally [named worker] will be late, but they will always let me know".
- Staff received the necessary training to be able to work safely and effectively. They had annual refresher training in core topics such as moving and handling, food hygiene and infection control. There were also annual competency checks in some aspects of care, such as moving and handling

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

- Everyone we spoke with said they or their family member felt safe with the staff who provided their care.
- Staff had received training on safeguarding adults. They understood their role in protecting people from

abuse.

- The management team understood their responsibilities in relation to safeguarding and knew when to raise concerns with the local authority.

#### Assessing risk, safety monitoring and management

- People and relatives were confident in the way their care was provided. A relative commented, "[Staff] acted in the right way when [person] has fallen. They called another carer to come and help."
- There were assessments of risks to people and to the staff supporting them, including environmental risks in people's homes. The risk assessments we saw had been kept under review and people's care plans updated accordingly. They contained details of the action required from staff to minimise the chance of harm occurring.
- Staff confirmed they had access to assessments and care plans that set out the care people needed and how to provide it safely. Comments included: "Yes, care plans are all there and yes, all the information is there for us." Staff also said they were told promptly if people's needs changed: "What is communicated well to me is if there are any changes with any of my people."
- The service had a contingency plan in event of circumstances that affected the safe running of the service, such as adverse weather or staff sickness.

#### Using medicines safely

- People who had prescribed skin creams, or their relatives, told us staff applied these as prescribed, respecting their wishes. Comments included: "They will put the cream on if I ask them to. I tell them what I want... if I have a mark on my skin, I will instruct them to use [proprietary name]" and "They do her legs and put the prescribed cream on".
- Care plans set out clearly any support people needed with obtaining and administering prescribed medicines and whether people, their families or care staff were responsible for providing this.
- A new computerised system was being introduced. This would enable managers to update more quickly any changes in people's medicines. It would also help them identify and follow up any missed doses at the time.
- Staff were trained to manage people's medicines. They had competency assessments at least annually to ensure they administered medicines safely.

#### Preventing and controlling infection

- People said staff wore PPE during visits: "They come in with the gloves and mask on." They also said staff washed or sanitised their hands.
- Staff confirmed enough PPE was provided. Comments included: "I have felt supported during the pandemic and have enough PPE" and "They're very good [with PPE], always plenty available".
- Staff had training in infection prevention and control and the measures required during the COVID-19 pandemic. Staff comments included: "We've had loads of training especially around the pandemic. We have been told about hand washing and how to take PPE on and off and when to change it", "I've had online training and when I first started, I had face to face. Changing PPE after doing little things like cleaning up, and after personal care and washing hands in between changing gloves" and "They've given us very strict instructions and we've all had to sign an info sheet, this is what you do with it all".

#### Learning lessons when things go wrong

- Staff reported accidents and near misses. A care worker told us, "On 'log your care' you do an incident form and what happened and what you did, and press manager informed, and that message goes to the two directors and management."
- The management team followed up and monitored accident and incident reports to identify any trends.

- Learning was shared with staff as appropriate through supervision.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 and relatives told us staff treated them or their family member kindly and respectfully, honouring their preferences and promoting their independence. Comments included: "I get what I want. The best one is [worker's name]. Very thoughtful, anything you want they do", "The main carer is spot on", "The girls are all very good", "Staff are very good, they are nice people easy to get on with", and, "The carers are brilliant. Yes, she does like them, they are very good".
- Most people told us the service respected their wishes regarding which care staff visited, such as staff of a certain gender to provide their personal care. A person recounted how they had told the office staff they did not want a certain worker to do their care calls and the worker was withdrawn from their care. After a year, that worker appeared on their rota again. However, the person felt the worker's attitude had improved.
- People generally had a regular team of carers who knew them and understood the care they needed. A person commented, when asked about the number of different staff they saw, "They tend to keep it that way [a small team], I am used to the people we have." Another person told us their main care worker visited five days out of seven. A further person explained how a member of staff had at first seemed not to understand them but was now learning well what they needed.
- Two people remarked on the turnover of staff. One said, "I have one person most of the time and another on their days off. It has been a bit higgledy-piggledy; they have had a lot of new people." The other, when asked if they felt staff understood their care needs, said after a long pause, "It is not as good as it might be, a number of the girls have left." Another person commented, "They have sent people who I have never met before, maybe about twice in the year." The service continued its efforts to recruit new staff, including office staff who would be able to support care workers.
- Supervision and spot checks reviewed how staff respected and promoted people's dignity and independence.
- People's personal information was kept secure and staff understood the importance of this. Due to COVID-19, they sometimes needed to take photographs of skin marks for health professionals. A care worker explained, "You only take photos with permission of the client. And that's usually only if they've developed a sore or something... As soon as you finish you say to the client, 'I'm now deleting it' and delete in front of the client." However, not all staff knew whether the service had any protocol governing this.

We recommend the provider puts in place a clear protocol for staff using their phones to take photographs of people, to help ensure images are not stored or shared inappropriately.

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

- Most people we spoke with felt they could contact the office if they had queries or concerns about their care. Comments included: "I can speak to them at any time. They do their best. A couple of little things they sorted out immediately... they swapped the carers over", "I have done in the past", and, "I think they are fantastic. If I get on the phone, they will sort it out immediately".
- People told us they felt included in the planning of their care. A person who used the service commented, "Yep, they ask me and what I'd like them to do. They included things like hoovering."
- Care plans detailed people's preferences and needs, including their communication needs and cultural needs. People were asked at assessment about their equality characteristics, such as their ethnicity, sexual orientation and religion.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People were generally positive about the service they received. One person commented, "I am quite happy. I've been with them for several years." Another said of staff, "They take the job seriously."
- People and staff, including the registered manager and nominated individual, talked about the service being family run, with approachable owners and several family members of the owners working there. One person described the service as "a family affair". Staff and managers talked about people who used the service in a respectful and compassionate manner, in a way that reflected the service's values of dignity and respect, commitment, trust and honesty.
- There had been frequent changes in office staff. People mostly told us they knew who was in charge. However, a person commented, "Yes I know the new manager [name]. There have been a lot of changes, it's hard to keep up with them. They haven't sent an email to let me know. I found out from the other staff about what has been going on."
- Some staff also talked about changing office staff leaving them feeling unsure about forthcoming support would be. A worker said: "It all depends on who I speak to... I don't need a lot but it's a nice feeling if I could if I needed to. There's been a lot of changes in the office, different people, don't know where I stand." However, others spoke more positively: "The new team in the office is very supportive, they phone me up all the time to let me know what's going on or if there's a problem and vice versa. I can get on the phone to them and ask for something to be looked at or sorted, very approachable team" and, "They are really supportive towards the clients and the staff and even if you have issues outside of work, they are really good".
- The registered manager and nominated individual recognised there had been difficulties recruiting and retaining office staff, which could hinder communication with people, relatives and staff. It also increased their own workloads. There were ongoing efforts to recruit suitable staff.
- They also recognised that maintaining staff during the pandemic had been challenging, and that morale had "taken a bit of a hit". However, most staff said they generally enjoyed their work and that they were treated with respect. The registered manager and nominated individual were conscious of their responsibility to promote equality for people and staff in relation to protected characteristics such as sexual orientation.

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 and nominated individual understood their duty to be open and honest if things

went wrong with someone's care.

- People and relatives responded positively when asked if the service was open and honest with them. Comments included: "Yes, it might take a while. There no issues as far as I am concerned" and, "Yes, they do. I can have a moan to them, and they will listen and put it right".

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager and nominated individual were clear about their roles and responsibilities. They worked closely together to ensure the fundamental standards of care were met. An established member of the office team provided cover when they were on leave.
- The registered manager and nominated individual understood their legal responsibilities as employers. They also understood the legal requirement to notify CQC of incidents such as safeguarding issues, serious injury and disruption to the service.
- Senior staff and managers carried out unannounced checks to ensure staff were following the correct procedures and following people's care plans properly. Sometimes they observed staff directly; at other times visited just afterwards to check everything was as it should be after care, for example flannels were damp. People's views were usually sought as part of this process, and feedback was provided to staff.
- Staff had supervision meetings twice annually where they discussed their work with someone senior to them. They had more regular supervision if necessary. Any performance issues were addressed. A member of staff commented: "We have supervisions every six months and they check in with you and ask you how things are going."
- The registered manager and nominated individual oversaw a programme of audits, which included aspects of care such as medication and PPE usage. Any issues identified were shared appropriately and action taken to address them.
- The service was changing over to a different computerised records system. The registered manager and nominated individual anticipated this would assist their oversight of the service and help them identify any issues of concern more promptly.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People's views of the service were sought, although people gave mixed feedback about how often this happened. Two people told us they had been contacted regularly for feedback: "Every three months, yes they do" and, "Yes I had a call recently to check if we were happy". Two others told us they had only been contacted once or at their review, and one person did not think this had happened. The registered manager and nominated individual anticipated the recruitment of further office staff would enable feedback to be gathered more systematically.
- People expressed mixed views about the effectiveness of communication. A person said, "The communication is brilliant." However, someone else recounted how they had found it difficult to get hold of people in the office when they phoned after 3.30pm. They also said that on occasion their care calls had not been cancelled as they had requested. Another person described a similar experience: "I can't be sure if I cancel a call that the staff will be told. Or, if I email them to cancel a call the girls will still come." The registered manager and nominated individual anticipated that once they had a full complement of office staff, communication would improve.
- There were annual quality assurance surveys of people using the service and relatives. The last one had been in summer 2020. The registered manager and nominated individual informed us they were due to issue another one.
- Staff meetings took place every few months via an online videoconference. Staff told us: "We get a staff zoom meeting every few months and it lets everyone ask any questions e.g. about the new app" and "We

can jump in and say what about this or that's not right and they can take it on board there and then". Staff and managers also told us the staff Whatsapp group was a useful way of sharing important information with staff.

- Staff told us they felt able to raise concerns about poor practice with the management team. Some had done where they thought it necessary, although they did not always know what action had been taken.
- The pandemic had changed the way the service worked with health professionals. The registered manager and nominated individual remarked on improved information sharing from hospitals and doctors: "Everyone seems to be helping each other out more than previously." Hospital staff had visited the office to deliver training on an aspect of nutrition care.