

## Caring Heart Carers Limited

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### Inspection report

Suite E1, Gemini House  
Hargreaves Road, Groundwell Industrial Estate  
Swindon  
Wiltshire  
SN25 5AZ

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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:

Caring Heart Carers Limited, referred to as Caring Heart Carers in this report, are a domiciliary care agency registered to provide personal care to people living in their own homes. The service operates in Swindon and surrounding areas. On the day of the inspection 27 people were supported by the service.

People's experience of using this service:

The service remained caring and people were very complimentary about the staff. People used terms as 'fabulous' to describe the compassionate and caring nature of the staff. People were involved in the care they had. Their dignity and confidentiality were respected.

Staff had a strong sense of the belonging to the company. Staff praised the management team who led them by example. People praised the registered manager for choosing their team carefully which ensured only staff that demonstrated right values were being appointed.

The service continued to provide safe support to people and people said they felt safe with staff. People were supported by safely recruited staff and praised continuity of care. People received their medicines as prescribed. Risks to people's well-being and their individual conditions were assessed and recorded.

People's needs were assessed prior to commencement of the service and people received support that met their needs. People's care plans were detailed and current. People knew how to raise concerns but never needed to. Staff were suitably trained to carry out their roles effectively.

People were supported to have choice and control of their lives and staff respected their rights to make own decisions. People had the help where needed to meet their nutritional needs and access health professionals.

The service remained well-led by the registered manager who was supported by a team of committed staff. People and their relatives were complimentary about how the service was run. People referred to Caring Heart Carers using terms as 'fantastic', 'the best' and 'wonderful'.

The provider had systems to monitor the quality of the service and people's satisfaction. Staff were valued and involved in the running of the service. The provider was aware of their regulatory requirements such as sending statutory notifications.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection:

Good (report published 1 August 2017).

Why we inspected:

This was our scheduled, planned inspection based on previous rating.

Follow up:

We will monitor all intelligence received about the service to inform the assessment of the risk profile of the service and to ensure the next planned inspection is scheduled accordingly.

More information is in detailed findings below.

## 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 caring?**

The service was caring.

Details are in our Caring findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive.

Details are in our Responsive findings below.

**Good** ●

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

The service was well-led

Details are in our Well-led findings below.

**Good** ●

# Caring Heart Carers 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 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

This inspection was carried out by one inspector.

#### Service and service type:

Caring Heart Carers Limited are a domiciliary care agency (DCA). The service provides personal care to people living in their own houses and flats in the community. There was a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. 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:

This inspection was announced and took place on 9th January 2020. We gave the provider 48 hours' notice of the inspection visit because we needed to be sure the management team would be in the office.

#### What we did:

Before the inspection we reviewed the information, we held about the service and the service provider.

We did not asked the registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

One day before the office visit we contacted 5 people and 1 relative to obtain their feedback.

During the inspection:

We looked at records, which included three people's care and samples of medicines records. We checked recruitment, training and supervision records for two staff. We looked at a range of records about how the service was managed. We also spoke with the registered manager, assistant manager, one team leader and two carers.

After the inspection

We contacted commissioners to gather their views about the service.

# 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.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems that ensured appropriate processes had been followed to keep people safe. We saw referrals had been made to the local safeguarding team when people raised concerns.
- People confirmed they were safe, no people we spoke with raised any concerns about safety.
- Staff knew how to escalate and report any safeguarding concerns. One member of staff said to us, "I would report any concerns to manager and if needed externally, to CQC or safeguarding team."

Using medicines safely

- People received medicines as prescribed. One person said, "They do my medication, yes, on time and as needed."
- There were records kept of what medicines were prescribed to people and these included information about any additional instructions for administering if applicable.
- Staff received medicines training and their competencies were checked via spot checks.

Assessing risk, safety monitoring and management

- Risks to people's individual conditions had been assessed and recorded. This included risks around mobility or skin integrity. For example, one person's care plan highlighted the person was prescribed medicines that could affect their balance.
- Staff knew people's needs well and reported any changes to the office. For example, one person's condition deteriorated, and staff flagged it up to the management. The management team scheduled a review with the person for the day after inspection. The person's relative told us, "[Assistant manager's name] is coming on Friday to discuss changes to the care plan."
- The risks surrounding people's environment were assessed prior to commencement of the service and reviewed on regular basis.

Staffing and recruitment

- Feedback from people confirmed they saw regular and consistent staff. Comments included, "Punctual, ring if late" and "If anyone is sick, they will inform about the change. I know where I am with them."
- Staff work allocation system allowed for the care to be carried out in an unhurried way. People told us they had weekly rotas with information which staff member was due to visit them.
- The provider followed safe recruitment practices to ensure staff were suitable to work with people.

Preventing and controlling infection

- Staff used and had access to protective personal equipment (PPE).

- Staff had received training in infection control.

#### Learning lessons when things go wrong

- The management team reflected on where things could be improved. For example, they identified the medicines records for topical medicines were not always promptly completed and they changed the layout of the files. This improved the quality of the records and reduced the number of missing signatures.

# 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 the last inspection this key question was rated as Good. At this inspection this key question remained the same. 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 ensured assessments had been carried out prior to commencement of the service. People and if appropriate their relatives were included in this process. One person said, "We had assessment before they started supporting me. They asked me what I needed. I am very happy, as happy as I could be with caring company. I've been relaxed with them from day one."
- Assessments took account of current guidance. This included information relating to data protection legislation, standards relating to people's communication needs and oral hygiene.

Staff support: induction, training, skills and experience

- People said staff knew what to do, were well trained and professional. One person said, "I had loads of care companies before and they're the best. They're so helpful. They'd do anything."
- Staff had ongoing training that was relevant to their roles. The provider also ensured where staff required training specific to people's needs, this had been arranged.
- Staff told us, and records confirmed staff were well supported in their roles. Comments from staff included, "Definitely well trained and supported" and "We do get spot checks, you may be out and [management] will show up and check all, badge, gloves etc."

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

- People's care plans reflected the level of assistance they needed around meals.
- People told us staff supported them as needed. One person said, "They help with (preparation of) breakfast and sometimes with supper."
- Staff had a good understanding of risks associated with poor hydration or swallowing problems.

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

- People told staff supported them in accessing external health services when they needed. Comments from people included, "They helped me to contact GP or a district nurse when I was not well, at the beginning" and "One day they took me to hospital, for X-ray, that was really good."
- The team worked well with a number of health professionals to ensure people's health care needs were met.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible,

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA.

- People's choices were respected. Comments from people included, "They absolutely respect my wishes, they are all about the clients and make sure the people are happy" and "Definitely, my wishes are respected, completely!"
- Staff knew the principles of the MCA. One staff member said, "People should be given rights to make own decisions."
- People's care records included information where people had relatives designated as able to make lawful decisions for people.

# 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 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

- People were very complimentary about the caring nature of the team. Comments from people included, "All carers are very good. Kind, caring" and "This company is amazing, by far the best I've ever had. They care and empathise. They're great with clients and go above and beyond."
- People and staff commented that the caring culture was largely coming from the fact this was a family run organisation. There was a strong sense of commitment and a sense of pride of working for the service.
- Staff and people also recognised and appreciated registered manager chose their staff carefully. One staff member said, "Manager just won't take on anyone, if you don't say right things at interview she won't take you." One person said, "They choose carers carefully and choose those who want to work in care."
- The provider and the team were committed to respecting people's diversity. A staff member said, "Everybody, whatever their beliefs are will be treated the same".

Respecting and promoting people's privacy, dignity and independence

- People's dignity was respected. People commented staff were "fabulous" and respected them at all times. One person said, "I have a bath seat and they get me in safely. They always stay with me. They do respect my dignity."
- People highlighted the genuine affection demonstrated by staff. Comments included, "Very, very good. They treat you like human beings" and "They're very flexible and easy to get on with. I laugh and joke with them all the time. You can really trust (them)."
- Staff had appreciation of how important it was to promote people's independence. One person said, "They will take as long as it takes to do what's needed. I only have use of one hand, they help me with bottles. They encourage me to do things I still can I do the things I can, they help only with things I struggle with."
- The provider had good systems that ensured people's confidentiality was protected. People confirmed staff were committed to respecting people's confidentiality. One person said, "So professional, they never discuss other people with me."

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

- People told us they were involved in their care. One person told us how they struggled with a specific task and they had the extra help they needed. They said, "I struggled previously with paperwork and now we have a designated visit to help me with this part, it's so much better, it has changed my life. For them it's not just a job, they do go extra mile, they are in this industry for a reason."
- Staff appreciated the importance of people being in control of their lives. People were involved in care

planning process and any care interventions were agreed with people.

- People's relatives, where relevant had also been involved.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences.

- People told us they received care that met their needs. Comments from people included, "Fantastic, wonderful, makes a massive difference. There is no other agency in town as fabulous. Very accommodating."
- The care documentation reflected people's needs accurately. Staff praised the office team for ensuring they sought detailed feedback from regular carers to ensure the care plans were detailed.
- People's care plans contained 'Who am I' document that reflected people's personal preferences and how they wanted their care to be delivered. The information also included people's hobbies and life history.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed, and care plans contained information surrounding people's sight, hearing and other impairment that could affect their communication.
- Staff were aware of people's needs. One person had a very limited communication and their relative praised the staff for how they established the good communication with the person. They said, "They seemed to have worked the best way to communicate with [person]."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Where relevant staff supported people with outings of their choice. Staff told us how important it was to people to choose where they wanted to go and respect their interests. Staff told us about one person that liked to be assisted for a lunch to a place they liked.
- People's care plan highlighted how to encourage people to be social. One person's care plan stated they liked to use social media and specified the level of support the person may need with interactions such as responding to other people's posts or liking the pictures.

End of life care and support

- People's end of life wishes were recorded and staff would work with other professionals if needed to ensure people had pain free and dignified death. No people received end of life care at the time of our inspection.
- We saw evidence staff attended people's funerals to pay their respect.

Improving care quality in response to complaints or concerns

- Information how to complain was available to people. All people we spoke with said they never had a reason to make a complain but they knew how if needed.
- The registered manager kept a complaints log and we saw two verbal complaints had been received since our last visit. These were responded to appropriately. The service received a number of compliments from people including a recent one submitted directly to us where a person's relative said, "We are so lucky to have them as they are a genuine care company."

# 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 Requires Improvement. At this inspection this key question has improved 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. Continuous learning and improving care

- The provider improved their records, they introduced a new format for the care planning documentation which was user friendly and easy to follow.
- There were regular audits in place, these included, medicines records, care notes and staff files. The results of audits were shared with the staff where a specific area for improvement had been identified. This meant there was a shared responsibility of the quality assurance between the team.
- In addition, the registered manager had a log where they summarised any safeguarding concerns or complaints received. This allowed them to have a good overview and identify any trends.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. Working in partnership with others

- The provider's website said the team aimed to provide a "traditional care in a modern way" and to provide a high quality, person-centred care focused on building relationships with people and their families. The feedback received from people demonstrated this was successfully achieved.
- People complimented the team and how helpful they were with signposting people to other services if needed. One person said, "I know the management, they're brilliant, they helped me to reach to social workers' team to clarify issues around my assessment and been chasing things up for me".
- The staff were valued, and the team was committed to helping people to achieve good outcomes. One staff member told us with passion how one person's improved and the person was becoming more empowered to carry out some of the tasks they previously had not been able to.
- Staff worked well with other partners and external health professionals.

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

- There were various opportunities for people to get involved and provide feedback.
- There management team regularly visited people and gathered people's views.
- The provider used spot checks to also obtain the comments about satisfaction levels from people. People were very complimentary about the service. Comments included, "They're brilliant" and "I can't speak highly enough (of them), flexible, helpful."

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 ensured they communicated with people and their relatives where required.
- The Care Quality Commission (CQC) sets out specific requirements that providers must follow when things go wrong. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The provider was aware of their responsibilities in relation to this requirement.