

JN Community Care Limited

Blessed Hearts Home Care

Inspection report

Office 7 Flexspace West Bromwich 151 Middlemore Road
West Bromwich
Birmingham
B21 0AL

Tel: 01217691383

Website: www.bhhomecare.co.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Blessed Hearts Home Care is a care at home service providing personal care for 22 people at the time of inspection some of whom were living with dementia or had a physical disability. The service supports people living in their own homes.

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

Staff often arrived late to people's care call, and, on some occasions, people had experienced missed calls. Some people's care plans and risk assessments required clearer guidance for staff to follow about their health needs. Medicines were not always managed safely. Several staff files contained unexplored gaps in their employment history. There was an audit schedule in place, but we found the provider's audits had not highlighted issues found during the inspection.

Most people's care plans and risks assessment set out their needs and the support they needed from staff to stay safe. People were supported by staff who had been safely recruited. Steps had been taken to protect people from the risk of infection. Accidents and incidents were recorded, monitored and followed up.

Staff had the necessary skills and training to support people safely. People were supported to eat and drink where they needed support in this area. 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.

Staff provided people's care with kindness and respect. People and their relatives were involved in care planning and reviews.

Staff felt supported by management. The registered manager gathered feedback from people who used the service. The provider worked with external agencies and professionals to ensure people received the support they required.

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 first rating for this service was required improvement (published 15 November 2019) and there was one breach of regulation. The last rating for this service was inadequate (published 30 June 2021) and there were multiple 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 improvements had been made

and the provider was no longer in breach of regulations.

This service has been in Special Measures since 30 June 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

This was a focused inspection to follow up on the previous breaches.

We carried out an unannounced focused inspection of this service on Inspection carried out on 31 March 2021 and 15 October 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 the standards of quality and safety, improve safe care and treatment, good governance and fit and proper persons.

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, caring, effective and well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. 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 Blessed Hearts Home Care on our website at 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Blessed Hearts Home Care

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 team consisted of one inspector and one 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. The Expert By Experience's area of expertise was domiciliary care services.

Service and service type

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

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 provider 24 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.

Inspection activity started on 14 December 2021 and ended on 22 December 2021. We visited the office location on 14 and 16 December 2021. Calls were made to people and staff on 15 and 17 December 2021. Feedback was given to the registered manager and the provider on 22 December 2021.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We sought feedback from

partner agencies and professionals and reviewed on-going monitoring such as information received. We used all this information to plan our inspection.

During the inspection

We spoke with nine relatives about their experience of the service provided. We spoke with six staff members, including the registered manager, care-coordinator and three care workers. We looked at four staff files in relation to recruitment and staff supervision. We looked at three people's care records including medication records. We reviewed a variety of records including records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. The provider took immediate steps to address the concerns found during the inspection.

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 inadequate. At this inspection this key question has now improved 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; Preventing and controlling infection

At the last inspection the provider had failed to ensure care and treatment was provided in a safe way. 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.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At the last inspection relatives consistently reported care calls being late, missed or a single carer attending when two staff were required to meet the person's needs. At this inspection, most of the relatives we spoke to told us their family members continued to experience late calls and some relatives told us their family members occasionally experienced missed calls. We did not identify any direct impact on people's safety as a result of these late and missed calls.
- We discussed late and missed calls with the registered manager who explained staff travelled by foot and public transport which could sometimes impact on their punctuality. They told us they informed people when staff were running late. We saw the registered manager monitored people's care calls and was actively seeking to recruit additional staff to improve punctuality.
- The provider had made improvements to people's care records and risk assessments to ensure these set out people's needs and risks and how staff should support them. However, we found some people's care records required clearer information for staff to follow to support people with specific health conditions, such as diabetes. Staff we spoke to were aware of people's current health conditions and how to support people to manage these safely. We discussed this issue with the registered manager who provided evidence following the site visit that records had been updated.
- We found improvements had been made in staff moving and handling practices. The provider ensured staff received training in this area which reflected the mobility needs of the people they supported. For example, one person required a sit-to-stand transfer device to assist them when transferring and all staff were trained to use this equipment.
- Improvements had been made in staff infection control practices. Relatives told us staff wore gloves, aprons and masks during their family members' personal care.
- Staff spot checks included an observation of infection control practices. A staff member told us, "We wear full personal protective equipment (PPE), and wash [our] hands when we go into clients."

Staffing and recruitment

At the last inspection the provider failed to ensure systems were robust enough to demonstrate staff were

safely recruited. This placed people at risk of harm. This was a breach of regulation 19 (Fit and Proper Persons) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Recruitment processes had improved since our last inspection. We reviewed the recruitment records for four staff members. Whilst we did identify unexplored gaps in staff members' employment history, the registered manager was able to produce this information during the site visit.
- Since our last inspection the registered manager had ensured all staff had a Disclosure and Barring Service (DBS) check prior to commencing work. The DBS helps employers make safer recruitment decisions.
- Staff members with criminal records had robust risk assessments in place to minimise the risk to people they supported.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were protected from abuse by staff who understood how to recognise and report abuse.
- Staff told us they received safeguarding training. A staff member said, "I would report if anything was different with the client to what they are normally like. [This includes] any bruises or any sort of abuse to my line manager or supervisor."
- The registered manager was able to demonstrate accidents and incidents involving people were recorded, investigated and action taken to reduce the risk of reoccurrence. On one occasion, a person who required support from two carers had been supported by a single carer. This had been documented along with the actions taken to address this.

Using medicines safely

- The majority of people had the support from staff they needed to take their medication when required and safely.
- We found two people's care records did not contain a medication administration record (MAR) or body maps to guide staff where to apply their prescribed creams. We raised this with the registered manager who put the required documents in place during the inspection.
- A staff member was helping another person's relative administer their medication without a MAR chart in place. This was brought to the attention of the registered manager who discussed the importance of managing medicines safely with the staff member involved and had a discussion with the person's relative to decide who would administer the medication going forward.
- Staff received medication training and underwent medicines competency checks.

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.

Staff support: induction, training, skills and experience

At the last inspection the provider failed to ensure systems were not robust enough to demonstrate staff had consistently received training to meet people's needs. This placed people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff received training tailored to the needs of the people they supported. This included moving and handling training which reflected people's individual needs.
- In addition to an in-house induction, staff now completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Records evidenced that staff received regular supervisions, appraisals and spot checks.
- We saw minutes of team meetings and staff confirmed their concerns were listened to at these meetings.

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

- People's needs were assessed prior to receiving support from the service. These assessments identified people's needs in relation to personal care, eating and drinking, mobility, skincare and communication. This information had been used to develop a care plan to support staff to understand how to meet the person's needs.
- The registered manager told us, "We ensure care plans are person centred and very person specific. We involve the next of kin and relative if they (service user) can't tell us the information."
- Staff told us they read people's care plans to understand their needs and preferences. A staff member said, "When it's a new client we go in and spend some time reading through the care plan so we know their requirements. We look at the risk assessments, make sure the equipment needed is there and intact. If not, we report it back to the manager."
- People's protected characteristics, as identified in the Equality Act 2010, were considered as part of their assessments. This included needs in relation to gender, age, culture, religion, ethnicity and disability.

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

- People were supported by staff to eat and drink and maintain a balanced diet.

- People's care records outlined their dietary preferences and their support needs for eating and drinking so that staff could meet these.
- Daily care logs evidenced that staff supported people with eating and drinking where this was required.

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

- Relatives told us the provider had supported their family member well with ensuring specific health care needs were met.
- Staff knew people's needs well and ensured that any changes in a person's health were noted and discussed with the management team or their relative where appropriate.
- Care records showed involvement from a range of health care professionals including GPs, district nurses, occupational therapists and the visual impairment team to ensure people's health needs were monitored and met.
- People were supported to access healthcare services. During the inspection we observed the registered manager liaising with an occupation therapist to request a mobility review for a person they supported.

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

- Staff understood the principles of MCA and how to support people in their best interests. Staff were able to tell us how they asked for people's consent to care.
- Care records contained information in relation to people's capacity in order that staff understood the support they may need with decision-making.

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 requires improvement. At this inspection this key question has remained the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- People's preferences in relation to their care calls times were not met, and they had experienced late and, sometimes, missed calls. This did not reflect a caring approach.
- People's relatives did not always feel listened to. Two people's relatives felt their concerns about their family members' care had not always been responded to appropriately.
- People received support from staff who took the time to get to know them and treated them with kindness. One person told us, "They [staff] know me well. They are very kind and polite," A relative said, "They [staff] are kind. They have got to know [person] ... and do anything she asks them to do.'
- People's communication needs were assessed and addressed. We reviewed the care records for a person who did not speak English. Their care plan contained Indian phrases for carers to use to communicate with the person.

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

- The registered manager had systems in place to ensure people and relatives were involved in the assessment and planning of their care.
- The registered manager had gathered feedback from people and relatives about the care they received. This had been analysed for themes and trends. However, the action taken in response to any negative feedback was not always clearly recorded.
- People and relatives had signed care documents to say they agreed with the documents in place.

Respecting and promoting people's privacy, dignity and independence

- Most people we spoke with told us staff promoted their privacy, dignity and independence. One person told us, "They [staff] make sure they cover me up when doing personal care." However, another person told us "I worry about confidentiality because they [staff] talk about other clients during the time they spend with me." This issue was discussed with the registered manager who assured us they would speak with staff to remind them about the importance of maintaining confidentiality.
- We spoke to staff about how they promote people's privacy and dignity. Staff told us they promoted people's dignity and privacy by closing curtains when delivering personal care, asking permission before undertaking tasks and asking people about their preferences.
- Feedback from the provider's service user survey showed the majority of people thought care staff treated them with dignity and respect at all times.

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 inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was not always consistent. 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 failed to operate effective systems and processes to assess, monitor and improve the quality and safety of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had implemented new quality assurance systems and processes which had led to improvements in the service since our last inspection. This included the introduction of audits in relation to people's care plans, MAR charts and recruitment. However, further improvements were still needed in this area. For example, the provider had failed to identify two people were receiving staff support with their medicines without a MAR chart.
- Improvements had been made to people's care records and risk assessments, to ensure these were more person-centred and updated on a regular basis. However, people's care plans care plans required clearer information about their current health conditions and the management of these.
- The provider monitored incidents and accidents involving people in order to learn from these and identify areas for improvement in the service.
- Since the last inspection the registered manager had implemented a system to monitor people's care calls and highlight when calls were late or missed or attended by a single carer when two carers were required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Most relatives and people we spoke with felt positively about their interactions with the manager.
- Staff told us they felt supported by the registered manager and felt comfortable enough to raise any concerns. One staff member told us, "[Registered manager] is very supportive and so is [nominated individual] as well to be fair."
- The provider sent periodic feedback surveys to people and relatives to collect their views about the service. We saw they analysed this information to identify themes and trends, but did not always indicate the action required or taken in response to any negative comments.

- The registered manager was open and honest and took on board feedback delivered during the inspection .

Working in partnership with others

- The registered manager worked with external agencies to ensure people received joined-up care. The registered manager told us, "We contact the relevant professionals that need to be involved. For example, if there is a risk with [people's] equipment we get the occupational therapist involved. With one of our double care calls we noticed [person] was becoming sore, so we contacted the district nurse."
- The provider had been working closely with Wolverhampton City Council to make improvements in the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was open and honest and understood their responsibility towards duty of candour.
- We discussed with the registered manager what happens when things go wrong. They told us, "Carers would report it to us and how we respond depends on the situation. For example, [we may] contact yourselves [CQC], police or safeguarding. We would try and minimise the risk of the event happening again. We would complete an internal investigation and do an overall review of the care package."