

Warm Caring Heart Ltd

Warm Caring Heart

Inspection report

23-25 St. Albans Road
Lytham St. Annes
FY8 1TG

Date of inspection visit:
26 July 2023

Tel: 07588805818

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

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. At the time of the inspection the agency supported 12 people.

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

Risks posed to people were identified and assessed and were appropriately documented. Support plans were in place to guide staff about how to safely support people. People and relatives told us they felt safe. One person said, "They are my lifeline, love them coming here."

Medicines records were accurately completed by staff and they prompted people with their medication needs and received appropriate training. Processes for recruitment were in place to ensure all checks were completed. Staff demonstrated a good understanding about safeguarding people from the risk of abuse and training was provided. Staff followed infection prevention and control guidance and wore appropriate personal protective equipment (PPE) when providing personal care in people's homes.

The agency provided trained staff to ensure people received support and guidance with their healthcare and nutritional needs. 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 had received training in a range of subjects and followed their mandatory training programme the registered manager had in place. People were supported by enough staff, and call times were monitored by the registered manager.

People told us staff were kind and patient when in their homes. One person told us the registered manager contacted them to be consulted about the service and make changes where necessary. Staff protected people's privacy and dignity and promoted their independence.

No complaints or safeguarding concerns had been received however there was a complaints procedure which was made available for people.

The service at the time of the inspection was small however the registered manager/provider had in place an auditing system to maintain oversight of the service and make improvements where necessary. Staff had access to policies, procedures, and took part in regular meetings. Spot checks were in place undertaken by the registered manager to monitor staff performance, interactions, and practices.

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

Rating at last inspection

The service was registered with us on 28 January 2022 and this is the first inspection.

Why we inspected

This was a planned first inspection based on their registration.

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 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 ●

Warm Caring Heart

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 carried out by 1 inspector.

Service and service type

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

Registered Manager

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

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

Notice of inspection

This is a small service, so we gave them 48 hours' notice of the inspection. This was because we needed to be sure the provider/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 their registration. We sought feedback from the local authority and professionals who work with the service. 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 used all this information to plan our inspection.

During the inspection

We spoke with 4 people who used the service about their experience of the care provided. In addition, we spoke with 3 members of staff, the registered manager/provider and we looked at a range of records. We looked at people's care records, training documentation and 2 staff recruitment files.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at their quality assurance systems and training records for staff.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management. Learning lessons when things go wrong

- Risks to people were appropriately assessed. Accidents and incidents were monitored, and action taken to mitigate future risks to people. However, none had occurred at the time of the inspection. The registered manager had a process to review and do a lessons learnt session should any incidents happen.
- Care plans of people contained detail about how staff supported people safely. One person said, "We are involved in the support we need they always discuss this with us."

Staffing and recruitment

- Recruitment procedures were in place and checks were done prior to employment. One staff member did confirm the recruitment process they went through was thorough and checks had been obtained before starting work. A staff member said, "I had a good interview process and they ensured my checks were in place before starting."
- People received support for their allocated call times. One person said, "If they are going to be a little late they let us know."
- People received support from a small staff team. One person said, "They generally keep to the same carers which is great. I get to know them well and they are my friends."

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and their human rights were respected and upheld. Effective safeguarding systems were in place and staff spoken with had a good understanding of what to do to ensure people were safe in their own homes.
- People we spoke with had no concerns about their safety.

Using medicines safely

- People were supported to manage their medicines independently and to work towards this where possible.
- Staff had received medicines training and had their competencies assessed, staff spoken with confirmed this.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them.
- The service admitting people safely to the service.
- Staff used personal protective equipment (PPE) effectively and safely.
- The service made sure that infection outbreaks could be effectively prevented or managed. It had plans to

alert other agencies to concerns affecting people's health and wellbeing.

- The service's infection prevention and control policy was up to date.

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager/provider carried out assessment of people's needs before agreeing to provide their support and care. People were included in developing their plan of care and tasks required to support them. One person said, "Everything was discussed with us and our input was welcomed. They provide a lovely service with caring people."
- The registered manager continued referencing current legislation, standards and evidence based on guidance to achieve effective outcomes. This supported staff to ensure people received effective and appropriate care which met their needs.
- Peoples rights were protected. Policies and the initial care assessment supported the principles of equality and diversity.

Staff support: induction, training, skills and experience

- Staff were trained and skilled to provide people's care. Each staff member had an individual training plan for the year 2023 and beyond. A staff member said, "No issues with training."
- Staff told us they completed a range of training to give them the skills and knowledge to provide people's support. They said this included induction training, moving and handling and food and hygiene. Regular supervision was provided by the registered manager/provider on a one to one basis. Personal development and work issues were discussed at the supervision sessions.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff had the skills to support people with preparing their meals and drinks. A staff member said, "We have done 'food and hygiene' courses before we prepare food for clients."
- Care plans detailed where people may need support to monitor health needs and where they require support to attend any healthcare appointments and what risks they entailed.
- People's diverse needs were detailed in their assessment and support plans and met in practice. This included support required in relation to their culture, religion, lifestyle choices and diet preferences.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

- Through training, staff had an understanding of the MCA and were assured by their knowledge. A staff member confirmed this.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 were treated with respect, compassion, patience and kindness from staff. Comments from people were positive and included, "They are all such caring people, I would be lost without them." Also, "A wonderful agency with staff that only want to help with compassion and caring."
- Staff knew about people's preferences and how best to support them to enable people to be as independent as possible. This was evident when we spoke with people.
- The service had a good understanding of protecting and respecting people's human rights. They talked with us about the importance of supporting people's different and diverse needs.

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

- The service supported people to make choices in their daily lives. Staff said they had time to talk with and listen to people.
- Where a person may struggle to express their views in words, staff had detailed understanding and know-how of the indicators that alerted them to signs of agitation and unhappiness or other emotions. Policies were in place to support them should the situation arise.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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. 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

- Care records for people contained details about their preferences and wishes, including how they would like to be supported. Care plans explored people's hobbies and interests. One person said, "It was nice to discuss my interests with them it showed they cared."
- People told us they were provided with individualised care, in line with their preferences. A relative said, "They do change things if it suits us, they are very flexible."

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.

- Records had a 'communication needs' assessment that detailed where people had communication needs and what staff should do to ensure the person understood them.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and process. We asked one person about the process if they wished to make a complaint. They were aware of the procedure to follow should the situation arise.
- The registered manager assured us complaints would be taken seriously in accordance with their policy. No formal complaints had been received by the agency.

End of life care and support

- Where required end of life plans would be put in place and staff would have appropriate training. At present the agency had not supported people on end of life care.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Although this was a small service, we found a positive culture throughout the agency. It was clear their aim was to provide a high standard of care. A staff member said, "We are a small staff team but the aim is to give a good service and make people happy." Comments from people were all positive and complimented the staff team and caring attitudes of everyone connected to Warm Caring Heart.
- Staff told us they felt supported and valued by the registered manager/provider. "[Registered manager/provider] is fantastic and always there to help and support if needed."
- The registered manager had the skills and knowledge to lead the service well.

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

- Governance systems were effective in improving the quality of the service, this was evident from reviewing the agencies systems.
- Audits had identified any areas that required improving. This was in relation to care records, medicines records and staff training.
- The registered manager understood their responsibilities to keep CQC informed of events which may affect people and the care delivery. They were open and honest about what achievements had been accomplished so far.
- Duty of candour was understood, and it was clear in the way if any complaints were made, they would be listened to and their concerns and worries would be investigated.

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

- Systems and processes continued to be developed to ensure people and relatives were consulted. For example, surveys have been sent and people had responded positively about the service and agency.
- The registered manager had an 'open door' policy, so people could contact them directly to discuss any concerns in confidence. A staff member said, "[Registered manager/provider] is always there any time day or night."

Working in partnership with others

- Records and discussion demonstrated the service worked in partnership with a variety of health and social care professionals. This was to ensure people received support they required.