

## Caring Hearts Limited Support Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
30 March 2022

**Service provided by:**  
Caring Hearts Limited

**Service provider number:**  
SP2013012051

**Service no:**  
CS2013316709

## About the service

Caring Hearts Limited is a registered Support Service - with Care at Home. The service was registered with the Care Inspectorate on 6 March 2014. The service provider is Caring Hearts Limited and operate their care at home service across Renfrewshire, East Dunbartonshire and Stirling.

The service is provided for adults and older people living in their own homes. The service has a management team and an increasing number of employed staff who provide a flexible service to people in their own homes using self-directed support options.

The service philosophy is 'to provide personal care and support in ways which have positive outcomes for our clients and promote their active participation.'

## What people told us

During the inspection we spoke with a range of people in receipt of support and their family members in order to gain an understanding of their experiences and views of the service.

Comments from those we spoke with included:

"When introducing new members of staff into my mums care team this is done in a supported manner"  
"There has only been less than a handful of missed or late visits in the 3+ years of being supported by Caring Hearts"

"When any visits have been late the communications around this is good"

"We have a steady team of carers who come in to support"

"My mum's care plan is good and reflects her needs"

"I feel very confident in the ability of the service to resolve any issues I may have"

"Over the 3 years of Caring Hearts providing support the needs of XXX have steadily increased, the communication around these increases have helped"

"XXX are very fond of their carers as they feel they can rely on them to come and do their job to a high standard."

"I have only been in receipt of support for a short time however everything is going really well at this time"

"Shortage of staff could sometimes be a problem during the initial lockdown".

## From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
How good is our care and support during the COVID-19 pandemic?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

**How well do we support people's wellbeing?****4 - Good**

We evaluated this key question as good where several strengths impacted positively on outcomes for service users and clearly outweighed areas for improvement.

Through our discussions with service users and their relatives during the inspection we were told of the positive nature of the care being delivered by the staff team. People said that the staff who come in to visit were respectful of working in their homes and went about their business in a way which was aligned with the support required by each individual person. People told us that the staff who come to support them know them and are familiar with their needs. This demonstrated that the service's approach to person centred care was effective and successful. Service users and their relatives felt involved in the delivery of care and reported being contacted by support staff or coordinators when any changes had to be made to timings of visits.

Service users we spoke with all advised of having a care plan which is held within their home and is consulted by the staff whenever support is delivered.

We examined a number of these plans, noting that the information found within to be of a good, if somewhat inconsistent standard. We were satisfied to find good personal information advising the reader of the types of and the times of support to be delivered. The supports were linked to stated outcomes for individuals as well as outlining key information such as likes and dislikes and medication information when such support was required. An example of the inconsistent approach to the care was demonstrate in some of the plans making reference to Covid-19 and the types of pandemic specific supports to be delivered. To drive consistency in this area we have suggested an area for improvement linked to the care planning within the service.

People we spoke with told us that they were involved in reviewing care plans and had a say in the direction of the support being delivered. During examination of the reviews we could see changes being made to the care depending on the ever evolving needs of the service users.

**Areas for improvement**

1. While we were satisfied with the standard of most of the care plans examined the provider should demonstrate consistency in the content of all care plans ensuring that they are completed to the same standard across the service. This should include but not limited to the completion of all sections on medication support, health needs and desired outcomes for service users. By doing this all the supports being delivered by Caring Hearts staff will be supplemented by a robust and effective system of care planning.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.'

**How good is our care and support during the COVID-19 pandemic?****4 - Good**

We evaluated this key question as good where several strengths impacted positively on outcomes for service users and clearly outweighed areas for improvement.

During our visit to the service, we examined the stores and stocks of Personal Protective Equipment (PPE) available to the staff of Caring Hearts. We noted a very well stocked area within the office which staff had open access to throughout the week with encouragement being given to ensuring that they had plenty of items including gloves, aprons and facemasks.

The service has developed a good system for staff to take regular tests in line with the guidance for care at home workers in the community and also where they can report their test results to the service on a routine basis.

As the supports from Caring Hearts are delivered across a wide geographical area the service has sought to ensure that reporting guidance for all local authority areas are known to staff to ensure that they can reach the appropriate person as quickly as possible.

The service has provided staff with training on Covid-19 areas such as donning and doffing and Infection Prevention and Control (IPC). As the guidance has changed throughout the pandemic the service has sought to keep their staff consistently updated at these times. These findings demonstrate the seriousness with which the service has taken their response and indeed their responsibilities throughout the pandemic thereby providing a safe and effective support network to those in receipt of care.

We noted that management within the home have visited staff while working in service users' homes, providing observational monitoring sessions on key support areas such as medication administration and adherence to PPE usage. This means that the service users can be assured that those supporting them are continuously assessed for the quality of supports delivered. We noted actions coming from the monitoring charts examined, proving staff with learning and development for them to grow in their roles.

Staff we spoke with reported a warm and friendly atmosphere in which to work with good supports coming from the management team in order to fulfil their daily responsibilities. Staff felt well equipped in relation to the trainings offered to them and also noted that if and when they suggest any relevant trainings which would benefit their practice and in turn the needs of the service users that this was taken on board and arranged where appropriate. We noted that some supervisions are taking place with staff where development opportunities are discussed as well as practice and any staffing issues. We found that the amount of supervisions being offered was perhaps not at the level that we would expect to see however, so will make this an area for improvement.

## Areas for improvement

1. To provide the service users with a staff team who benefit from a continuous learning environment the service should examine ways of improving the frequency of supervisions, appraisals and team meetings within the service. This will allow for more regular development opportunities for the staff team.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.' (HSCS3.14)

## What the service has done to meet any requirements we made at or since the last inspection

### Requirements

#### Requirement 1

Safer recruitment processes must be met. PVG checks must be in place prior to commencement of employment. SSSC registration must be applied for by the candidate, within the first 6 months of employment. If this has not happened, the staff member is not allowed to work delivering support, until registration is completed. This should be with immediate effect. You must immediately report to the SSSC your failure to ensure this staff member was registered and your failure to secure an enhanced Disclosure Scotland check. You should immediately report this complaint and details of the staff member involved to the Care Inspectorate. By 28 February 2022 you should have a register stating the SSSC numbers for all staff and the dates of their Disclosure Scotland check, including any renewal dates. The provider must ensure that all complaints against staff members are reported to the Care Inspectorate through the e-forms provision.

**This requirement was made on 13 December 2021.**

#### Action taken on previous requirement

We examined the services records of its staff's recruitment, background checks and subsequent registration with the SSSC. We could see that the service worked within the guidelines of the safer recruitment through better recruitment. In the files we examined the service requested references prior to appointment and also have evidence of the PVG checks.

The service has developed an internal register which gives easy and updated access to the lists of staff and their PVG and SSSC registration status.

**Met - within timescales**

## What the service has done to meet any areas for improvement we made at or since the last inspection

### Areas for improvement

#### Previous area for improvement 1

The service should review their current guidance around notifications to the Care Inspectorate to ensure that they are conforming to the document 'Records that all registered care services (except child-minding) must keep and guidance on notification reporting'.

**This area for improvement was made on 15 November 2018.**

## Action taken since then

We noted that notifications are being made in line with guidance and that the electronic system has been effective in ensuring that these are recorded appropriately. We suggested an improvement in relation to the amount of people within the service who have access to send notifications through to the regulator in order to ensure that there is no delay in these being received. The service has committed to expanding the number of staff responsible for this task and to work with this set group to ensure consistency of message in the notifications made.

This area for improvement will continue.

## Previous area for improvement 2

To ensure people can have confidence in the care service, the provider must by 28 February 2022, implement and adhere to a complaints policy/procedure in response to issues raised with them. The provider must ensure:

- a) effective communication with complainants to ensure understanding of the issues for investigation;
- b) a record of which stage the investigation is at must be kept. This includes any delays and communications with the complainant;
- c) all complaints are fully investigated;
- d) all complaints are logged with the relevant authority; and
- e) complainants are issued with a final response within specified timescales, unless otherwise agreed and confirmed in writing.

**This area for improvement was made on 13 December 2021.**

## Action taken since then

The service has a complaints policy entitled Complaints, Suggestions and Compliments Policy & Procedure. This details how a complaint can be raised and outlines any time limits on accepting complaints.

The policy outlines the timescales involved in initially responding to and subsequently completing a complaint investigation. We examined the service's electronic records of the complaints received noting that each had been logged appropriately and responded to according to the stated policy.

During our discussions with the service users and relatives we were continuously informed that people felt safe in the knowledge that should they have the need to make a complaint that they felt it would be listened to and actioned appropriately.

This area for improvement has been met.

## Previous area for improvement 3

To ensure people can have confidence in the care service the provider must, by 28 February 2022, implement and adhere to a review system for people who use services. This should record specific details within their care plans, any issues within the home that may have an impact on care delivery. Staff arranging services should have access to this information.

**This area for improvement was made on 13 December 2021.**

**Action taken since then**

We have discussed the services strengths in this area within the body of the report. We are satisfied that reviews are taking place within the service with a record of these being kept and accessible to all.

This area for improvement has been met.

**Previous area for improvement 4**

To make sure that people experiencing care, their families and those important to them are shown respect and have adequate time to plan and support any necessary termination of placement, the provider should:

- a) demonstrate that all possible action has been considered before termination of the placement has been decided;
- b) engage with all relevant persons regarding the transition to alternate support, within mutually agreed timescales; and
- c) endeavour to provide full notice in accordance with the policy and procedure for the service.

**This area for improvement was made on 3 March 2022.**

**Action taken since then**

We suggested that the service devise a standard letter to ensure that all service users are aware of the contractual obligation on the part of the service to cease supports if a service user is admitted to hospital for a period of three days or more. Work was still being developed in relation to this area for improvement as it was made only three weeks prior to the inspection. As only a short period of time had elapsed since the area for improvement was made we will fully consider the area at the next inspection.

**Previous area for improvement 5**

To ensure respect for people experiencing care and so they can have confidence in their support, the provider should ensure all care visits are provided fully and in line with the contracted care.

**This area for improvement was made on 3 March 2022.**

**Action taken since then**

Through our discussions with service users and their relatives we were satisfied that all supports discussed were of the expected standard and were in line with the needs and requirement of each of the individuals we spoke with.

This area for improvement has been met.

**Complaints**

Please see Care Inspectorate website ([www.careinspectorate.com](http://www.careinspectorate.com)) for details of complaints about the service which have been upheld.

## Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good

How good is our care and support during the COVID-19 pandemic?	4 - Good
7.2 Infection prevention and control practices are safe for people experiencing care and staff	4 - Good
7.3 Leadership and staffing arrangements are responsive to the changing needs of people experiencing care	4 - Good



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