Harrogate Care At Home Limited

Harrogate Care at Home

Inspection report

66 Cornwall Road
Harrogate
North Yorkshire
HG1 2NE

Tel: 01423538886

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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

This inspection took place on 4 May 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the location offices when we visited.

At our last inspection on 3 October 2013, the provider was meeting the regulations that were assessed.

The registered provider is registered to provide personal care to people who live in their own homes. The registered provider primarily supports people in the Harrogate area. At the time of our inspection, there were 81 older people receiving a service from Harrogate Care at Home.

There was a registered manager at the service. 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'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Care and support was provided to people in their own home in accordance with their individual needs. People who received care and support from the agency gave us positive feedback. They said they received a reliable service and a good standard of support from caring, kind and compassionate staff. People told us they felt safe and had confidence in the way staff supported them.

When people were identified as being at risk, their care plans showed the actions required to manage these risks. We saw risk assessments for areas which included moving and handling, falls, nutrition, skin and pressure care.

There were sufficient staff available to ensure the safe delivery of the service. Recruitment checks were in place. These checks were undertaken to make sure staff were suitable to work with people who used the service. The training programme provided staff with the knowledge and skills to support people. We saw systems were in place to provide staff support. This included staff meetings, supervisions and an annual appraisal. Staff told us there was good team work and support from the registered manager.

There were safe systems in place for supporting people with their medication. The agency had a medication policy and staff received training which included a practical test to demonstrate competency.

People's health and care needs were assessed before a service was provided. People were involved in planning the care and support they wished to receive. People told us how their service was effective in meeting their needs.

People told us they were introduced to staff prior to them providing support and described staff as kind and considerate. People told us that they were treated with dignity and respect.

The registered manager had a clear knowledge and understanding of their roles and responsibilities in relation to the Mental Capacity Act (MCA) 2005 and they understood the importance of people being supported to make decisions for themselves. Where a person lacked capacity to make their own decisions they were able to explain how the service worked with other health and social care professionals and family members to ensure a decision was made in the person's best interests.

Staff liaised with healthcare professionals at the appropriate time to help monitor and maintain people's health and wellbeing.

There was a complaints policy in place which people were aware of. People we spoke with said they would raise any concerns or complaints with the registered manager or staff and were confident they would be taken seriously and addressed.

We saw the content of the records reviewed covered all aspects of an individual's care needs and were sufficiently detailed to provide clear information for staff on how to carry out individual care and support for people. We saw that documentation had been updated and reviewed when people's care and support needs had changed. This meant staff had up to date information to deliver continuity of care and support and ensured that changing needs were identified and met for people.

People's views on the service had been sought using questionnaires. The overall feedback received about the management of the service was very positive. The results from the survey were included in an 'annual newsletter'.

The registered manager and registered provider were committed to providing a good quality service. The registered provider was in daily contact with the registered manager to oversee the systems and processes that were in place to monitor the service and make improvements. This included internal audits and regular contact with people using the service, to check they were satisfied with their care packages. Policies and procedures were in the process of being updated to ensure they were in line with current legislation.

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.

There were robust systems in place to reduce the risk of abuse and to assess and manage potential risks to people.

Where risks to individuals were identified, specific plans were in place to minimise any adverse effects from these.

There were safe systems in place for supporting people with their medication. The agency had a medication policy and staff received training which included a practical test to demonstrate their competency.

Staff had been recruited safely to ensure they were suitable to work with people who used the service.

Is the service effective?

Good

The service was effective.

Staff received appropriate induction, training and supervision to support them to carry out their roles effectively.

People were supported to make decisions and to give their consent. The registered manager was aware of the importance of legislation to support this process.

People were encouraged to eat a healthy and varied diet. People's health needs were monitored closely and the advice and up to date information was sought from relevant healthcare professionals.

Is the service caring?

Good

The service was caring.

The registered manager and staff were committed to providing a caring and compassionate service. This was reflected in their day-to-day practices.

Discussions with staff showed a caring attitude towards people they supported.

People told us that staff treated them with kindness and courtesy and respectfully treated people with dignity.

People were very complementary about the staff people received support from. They told us staff respected their opinion and delivered care in a caring manner.

Is the service responsive?

Good

The service was responsive.

People had a plan of care that was responsive to people's individual needs and where changes to people's support were needed or requested these were made promptly.

The agency had a clear policy on complaints and people said they would feel confident in raising concerns or complaints should they need to.

People using the service were given opportunities to provide feedback on the service. This enabled the provider to address any shortfalls or concerns.

Is the service well-led?

Good

The service was well led.

Quality assurance systems were used to monitor the quality and standards of the service and make improvements where required.

Staff were clear about their roles and responsibilities and
They told us they were supported by a registered manager and management team who were accessible and approachable.

Harrogate Care at Home

Detailed findings

Background to this 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 was planned to check 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.

This inspection took place on 4 May 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the location offices when we visited. The inspection was carried out by a single inspector.

Before the inspection, we reviewed the information we held about the service. This included notifications regarding safeguarding, accidents and changes which the registered provider had informed us of. A notification is information about important events which the registered provider is required to send us by law. We also looked at previous inspection reports. We have not made reference to the Provider Information Return (PIR) because on this occasion we had not requested one. The PIR 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.

During our inspection, we spoke with the provider, the registered manager, deputy manager and three members of staff. We spoke with six people who used the service and one relative over the telephone to seek the views and experiences of people using the service. We reviewed the records for four people who used the service and staff recruitment and training files for three staff. We checked management records including staff rotas, staff meeting minutes, quality assurance visits, annual surveys, the staff handbook and the Statement of Purpose. We also looked at a sample of policies and procedures including the complaints policy and the medicines policy.

Good

Is the service safe?

Our findings

People we spoke with who used the service and their relatives told us they felt care and support was delivered in a safe way. One person we spoke with said, "They [staff] use a hoist to lift me, I feel perfectly safe with them."

Policies and procedures were available regarding keeping people safe from abuse and reporting any incidents appropriately. The registered manager was aware of the local authority's safeguarding procedures, which aimed to make sure incidents were reported and investigated appropriately. There had been no safeguarding investigations since the previous inspection. The registered manager made sure they kept up to date with changing procedures and were due, together with senior employees to attend level 2 safeguarding training provided by the local authority. Staff demonstrated a good knowledge of safeguarding people and could identify the types and signs of abuse, as well as knowing what to do if they had any concerns. They told us they had received training in safeguarding children and adults during their induction period, followed by periodic updates. This was confirmed in the training records we saw. There was also a whistleblowing policy, which informed staff how they could raise concerns about any unsafe practice. Staff told us they were aware of the policy and felt, if necessary, comfortable about using it to raise concerns.

The staff we spoke with showed a good understanding of people's needs and how to keep them safe. They described how they made sure risk assessments were followed. For example, ensuring there were no trip hazards when they left people's homes. These included environmental risks and other risks relating to the health and support needs of people who used the service. For example, we saw risk assessments in people's care plans for moving and handling a person safely in their own home and for supporting people with their medicines. The risk assessments included information about what action needed to be taken to minimise the risk of harm occurring. Staff told us about the people they supported and if they had concerns about any aspect of care, how they would report it. People's records included the arrangements in place for them to enter and leave people's homes safely. In some cases, this involved the use of a key safe and in other cases; they gained access by the person letting them in.

We asked the registered manager about the recruitment of staff. We looked at the recruitment records for three members of staff and these showed robust measures were in place to ensure they were suitable to work with people receiving the service. New staff had completed an application with a detailed employment record and references (professional and character) had been sought. Disclosure and Barring Service (DBS) checks had been carried out prior to new members of staff starting work. DBS checks consist of a check on people's criminal record and a check to see if they have been placed on a list of people who are barred from working with vulnerable adults. Photographs of staff were available for identification purposes and records showed the date the prospective employee was interviewed, references received start date and when they were assessed as competent to work independently with people who used the service.

The registered manager told us they employed sufficient staff to ensure people's needs were met. Staff responsible for coordinating visits told us there were always staff referred to as 'stand bys' available who could cover sickness or emergencies. All of the people we spoke with said in the main staff arrived at the

allotted time. They did say that if there were unavoidable delays they received a telephone call. One person said they had, had a delayed call because the person before them had been unwell and needed additional support. Nobody we spoke with reported any missed calls. The service had an 'on call' system and people we spoke with told us they were able to contact the office at any time. Staff said the 'on call' rota meant a senior member of staff was always on duty to provide support and guidance out of 'normal' working hours.

The service had a medication policy which outlined the safe handling of medicines. People's risk assessments and care plans included information about the type of support and amount of medicines they required. We were told by the registered manager that staff were not able to assist with medication until they had completed a competency test and had their training updated. We saw confirmation of this in staff training records and supervision records. We looked at people's records and saw the MARs (medication administration record) were completed correctly. We also noted that members of the management team audited people's medication records and historically, where issues had been identified; these had been addressed in a timely way. In one instance, changes had been made to the guidance for staff to improve clarity, and we saw discussion had taken place with the staff members concerned as part of their supervision. This meant staff competence was reviewed and updated regularly so that they had the skills and knowledge to complete the task in an effective and safe way.

Staff also confirmed that they had sufficient equipment to do their job properly and said they always had sufficient gloves and aprons, which were used to reduce the risk of the spread of infection. One person told us, "Staff always wear gloves and aprons," and "They even have 'over shoes' to wear to protect the carpet."

Good

Is the service effective?

Our findings

People were supported by staff who had the appropriate skills and knowledge to meet their needs. During induction, staff were shadowed by experienced employees, as they became familiar with the service and the needs of people they provided care and support to.

The registered manager told us that each member of staff completed a range of training as part of their induction as well as on going training. The registered provider had introduced the new care certificate for new employees. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working. This demonstrated how care workers were supported to understand the fundamentals of care. It assesses the fundamental skills, knowledge and behaviours that are required to provide safe, effective and compassionate care.

The registered provider commissioned specialist training in order to meet people's needs around specific conditions, for example, staff had recently received training with regard to convene care and were in the process of arranging training in care for people with diabetes The service had an identified training coordinator who was responsible for arranging and provided staff training. We were told training was provided face to face with some written tests and observations to ensure competency. The training coordinator explained the agency preferred to provide training in this way to facilitate discussion and explore issues more fully.

Staff received one to one supervision meetings with their line manager. These sessions gave staff the opportunity to review their understanding of their core tasks and responsibilities to ensure they were adequately supporting people who used the service. Supervision sessions also gave staff the opportunity to raise any concerns they had about the people they were supporting or service delivery. Staff told us and we saw in their records they received an annual appraisal, this meant the registered provider supported staff and gave feedback on staff performance.

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 make particular decisions, any made on their behalf must be in their best interests and 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.

For people living in their own home, this would be authorised via an application to the Court of Protection. People's care records showed that people's capacity to make decisions was considered and if able to, they had signed their care plans to indicate they were happy with the planned care. The registered manager told us staff received training about the MCA during their induction. Staff we spoke with had a satisfactory understanding of involving people in decision making and acting in their best interest and we saw they had completed basic MCA training.

We checked whether people had given consent to their care, and where people did not have the capacity to consent, whether the requirements of the Act had been followed and we saw examples of where best interest decisions had been made. We saw that relevant policies and procedures were in place. People's care records showed that people's capacity to make decisions was considered and if able to, they had signed their care plans to indicate they were happy with the planned care. During our review of people's care records, we noted the registered provider had raised concerns about one person's capacity. The agency had liaised with relevant professionals and best interest decisions had been made on this person's behalf. This showed the registered provider was following the requirements of the MCA.

Some people we spoke with said members of care staff were involved with food preparation while other people did not require any assistance. Staff described how they encouraged people to be involved in choosing and preparing their meals if they were able to. We saw they had completed food and hygiene training as part of their induction.

The staff we spoke with told us how they monitored the food and drink intake of people who used the service if that was necessary. They wrote down everything people had to eat and drink during a visit and noted any changes that may have affected the person's health and well-being in the daily records. We observed these records and saw that they included details of meals, drinks, how the person was feeling that day and all care given.

The registered manager told us they had good working relationships with local GP's and district nursing services. We looked at people's care records and saw they provided information about people's medical conditions and where the service liaised with health and social care professionals to support people if their health or support needs changed. Care files seen, showed referrals to health and social care professionals had been made promptly made by the staff. For example, GPs, district nursing team and social services. This meant the registered provider involved other health professionals and supported people to have positive outcomes concerning their health.

Good

Is the service caring?

Our findings

We received very positive comments about staff from people we spoke with. One person told us," It's like a breath of spring; they are so jolly, kind and friendly." Another person said, "They come in singing, I am absolutely indebted to them."

The service collated compliment cards and letters; some examples of comments made included, "All the carers were so kind to me and helpful." And "Carers were so considerate and polite; I would certainly recommend them."

People were supported by staff who knew them well. This was confirmed by people we spoke with who used the service and their relatives. The staff we spoke with showed a good knowledge of the people they supported, their care needs and their wishes. They told us how care and support was tailored to each person's individual needs. One person we spoke with explained how they valued their independence and told us staff respected this. They said, "Despite my disabilities I am fiercely independent and staff really respect this. I have total control about how I want my care provided."

Staff gave us examples of how they ensured people's wellbeing and enjoyment of life was enhanced.' They gave an example of ensuring a person's shirt cuffs were pulled down under his jumper, not only that this appeared 'smarter' but recognised this would be more comfortable for him. Staff told us for some people they were the only contact they had. One staff member said, "Although we are there to provide practical help it is most important to build a relationship with the clients and make our time positive with them." Another member of staff said, "You do get to know people well and get close to them," and "We make sure everyone gets a birthday and Christmas card, sometimes it is the only one they get."

A person's relative told us, "Staff really go the extra mile, when they wash my wife's hair they don't just do it they spend time making it special for her," they said, "She really appreciates that."

Staff were knowledgeable regarding people's needs, preferences and personal histories. They told us they had access to people's care plans and had time to read them. They felt this was an important part of getting to know what mattered to people. We saw from people's care records their consent had been sought around decisions about their care package, level of support required and how they wanted this support to be provided.

Without exception, all of the people we spoke with felt that their privacy and dignity was respected. Staff told us privacy, dignity and confidentiality were discussed on induction and that this formed an integral part of the agency training programme. A staff member said "They [agency] expect very high standards at all times." We saw the dignity training looked at various elements of care. This included people's personal care and how to maintain their dignity at all times. Staff explained how they promoted people's privacy and dignity. For example, they said they made sure doors and curtains were closed when providing support with personal care. Staff told us their care practices were observed by senior staff and we saw records of these observations in staff supervision records when they started and through the on-going training programme.

This was to ensure staff were caring for people in a respectful and dignified manner.

The registered manager told us they had been involved in supporting people towards and at the end of their life. We saw in a complimentary card recorded, "Words cannot express how we feel, thanks to you [the agency] she passed away with dignity, love and peace."

People completed satisfaction surveys that were collated and published in an annual newsletter. We saw 32 of the 81 people who used the service had responded. The results the agency published indicated overall 97% of people, who responded, thought care was excellent or good. People we spoke with said they were regularly consulted about the quality of the service they received.

The registered manager was aware of how to contact local advocacy services should a person who used the service require this support and gave an example of when they had instigated this where a person had no relatives to act on their behalf. Advocacy services provide independent support and enable people to express their views and concerns.

The service had a confidentiality policy, which staff signed up to when they commenced employment. Staff also told us they were aware of the need to maintain people's confidentiality. A member of staff said, "I don't talk about clients outside work."

Good

Is the service responsive?

Our findings

People who used the service told us they were happy with the care provided and complimented the staff for the way they supported them. People told us, "I was consulted about everything, what time I wanted them [the agency] to come and what I wanted them to do." They continued, "They wrote the care plan and I was asked to look at it before I signed it." A person's relative told us, "I thought we would have to fit in with them but that's not how it works." They said, "We spoke to the manager and told her what we needed and this is what we get; it's made a huge difference to our lives."

The registered manager explained following an enquiry for a service people were given information about the service. A senior member of staff then completed a comprehensive assessment with people. This information detailed the support people required and additional information to enable staff to develop relationships with people and match people to carers. The registered manager explained that it was important to understand and document a person's history and details of their interests so staff could provide good quality support and personalised care.

Care plans we looked at contained sufficient information so that people were supported effectively. People and their relatives said that they had contributed in the planning of the care and staff confirmed that each person had a care file in their homes. The records we looked at showed that people had signed their care plans to indicate they agreed with the planned care. Where people were unable to sign, we saw people's relatives had signed care plans on their behalf.

The care plans we looked at had been reviewed regularly or when people's needs changed. This helped meet people's current needs and how they wanted their support to be given. Care plans covered areas such as personal care needs, nutritional needs, and support with medicines. There were also details of emotional support people may need and details of people's social and work history, all of which helped staff to build a positive relationship with the person. Along with people's plan of care, risk assessments and daily records were in place. Daily records were completed by care workers and provided an over view of the daily care and support given by the staff. Information about how to contact the agency out of normal working hours was made available to people who used the service. Both staff and people who used the service confirmed they had these details and had used them on occasion.

The agency had a system to record all concerns and complaints received and these had been investigated and written responses sent to the complainants. Where possible, these had been resolved to the person's satisfaction and changes to their care had been made if required. We saw two complaints had been made since the previous inspection. One related to an occasion when a relative had not been able to contact the agency out of hours. Following investigation, it transpired the office phone had not been switched over to the on call phone. Consequently, there is now a daily checklist that has to be completed before the office closes down for the day and this includes ensuring the office phone is transferred to the on call phone. The registered manager told us that information about complaints was shared with care workers so that everyone was aware of the concerns raised and took necessary actions to make the required improvements.

The service has systems in place to help monitor how the service operated and to enable people and relatives to share their views and make suggestions. People were asked to complete an annual survey, the results of which were published in an annual newsletter. The survey analysed responses to questions concerning people's views on their care and the service they received. These included people's views on; respecting and involving people in their care package , protection and keeping people safe and the quality of care provided. Some of the comments from the survey results included; "I believe continuity of care is hugely important for all of us." And, "I find all the staff excellent and have no complaints whatsoever."

Good

Is the service well-led?

Our findings

We saw the service had an effective management structure. There were clear lines of accountability and ways of working and the roles and responsibilities of staff were clearly defined. This helped make sure people received a consistent and effective service. Staff were supported by senior staff and this included care coordinators and office staff. Staff told us managers for the agency were actively involved in the service and we found this to be the case. A staff member said, "There is always someone to call if I am worried about anything."

Staff told us meetings were held monthly where they were provided with information, discussed any issues they had and shared experiences. We also saw copies of the newsletter, which was used to share information with staff and people who used the service. Staff told us they also had informal chats with the management team when they needed to talk something through or required additional support. Staff talked to us about striving to have an excellent reputation amongst people who used the service and within the local care industry, including other health and social care professionals. One member of staff said, "It's important to do a good job, I think we [staff] want the agency to have a good reputation." The registered manager said they felt a measure of this was that they rarely advertised and almost all referrals came through 'word of mouth'. A number of people we spoke with said they had the agency recommended to them and they would recommend it to others.

All of the staff without exception told us they felt communication between the registered manager, senior staff and other staff was good and staff worked together well as a team. Staff started their working day from the office location; this allowed them to meet together and provided an opportunity to share information and provide a formal handover from the on call staff member. This meant any issues could be communicated to staff about to undertake visits to people. People we spoke with commented positively about good communication between the 'employees who worked in the office and themselves. One person said, "Communication is excellent, they really keep on top of things." The registered manager talked to us about the importance of valuing staff and said seeing and speaking to staff face to face every day helped this to be achieved.

The Health and Social Care Act 2008 (HSCA) requires providers to notify CQC of certain incidents and events. We discussed the submission of notifications by the registered manager as part of their registration requirements with the CQC and it was clear they understood their responsibilities. This meant they understood the conditions of their registration. Although very few accidents and incidents occurred, they were recorded and these were reviewed each month and this helped to minimise re-occurrence. The registered manager and staff we spoke with told us there was a culture of learning from incidents, complaints and mistakes and using that learning to improve the service.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that can help a registered provider to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. Dependent on the area looked at, the registered manager and registered provider

completed audits on a daily, weekly and monthly basis, to monitor the service. Audits we looked at covered medicines, staff recruitment processes, supervision and appraisals, and accidents and incident reporting. Completing these audits helped identify any shortfalls which could be rectified in a timely manner. For example we saw revised medicines training to ensure consistency of practice for people who required supervision with administration of their medicines.

We saw a number of policies and procedures to support the effective running of the service. These were updated in accordance with 'best practice' and current legislation and the registered manager told us she was currently engaged in completing this piece of work. Staff told us a number of policies were discussed at staff induction and through their on-going learning. Staff were required to sign that they had read and understood these. They were also included in the staff handbook of which each member of staff had a copy. The registered manager told us they were proactive in ensuring they were up to date with national good practice guidance and legislation and used the internet and linked into professional associations. An example of this was the agency's revision of their Medicines policy in line with revised National Institute for Health and Care Excellence (NICE) guidance.