

Harrow Carers

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Inspection report

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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?

Requires Improvement ●

Summary of findings

Overall summary

We undertook this announced inspection on 9 August 2016. Harrow Carers is registered to provide Personal Care services to people in their own homes. It is a registered charity. The services they provide include personal care, housework and providing respite for people who care for their relatives at home. The service was newly registered with us in January 2016. This is the first inspection of this service in their new location.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act and associated Regulations about how the service is run.

People and their representatives informed us that they were satisfied with the care and services provided. They informed us that people had been treated with respect and they were safe when cared for by the service. There was a safeguarding adults policy and suitable arrangements for safeguarding people from abuse.

Care workers were pleasant in their approach and knowledgeable regarding the individual choices and preferences of people. People's care needs and potential risks to them were assessed and guidance provided to care workers on how to care for people. The registered manager and care co-ordinator prepared appropriate and up to date care plans which involved people and their representatives. The choices and preferences of people had been responded to.

There were arrangements for encouraging people and their representatives to express their views and make suggestions regarding the care provided and the management of the service. Reviews of care had been carried out to ensure that people received appropriate care. The service had a policy and procedure for the administration of medicines.

Care workers had been carefully recruited. The necessary checks had been undertaken prior to them starting work. New care workers had been provided with a comprehensive induction and training programme to enable them to care effectively for people. They had the necessary support and supervision from their manager. Teamwork and communication within the service was good.

People and their representatives expressed confidence in the management of the service. They stated that care workers communicated well with them and they found the service to be valuable and a great help to them. Care workers were aware of the values and aims of the service and this included treating people with respect and dignity, providing high quality care and promoting people's independence where appropriate.

Complaints made had been promptly responded to. Two social care professional provided positive feedback regarding the management of the service. They indicated that the service was well organised and there was good communication with the service regarding the progress of people.

The registered manager stated that some audits and checks of the service had been carried out by herself and the care co-ordinator. These included spot checks on care workers, timesheets and care records. We however, noted that these checks and audits were not regularly documented and was not sufficiently comprehensive. There was no written evidence of regular audits of complaints, policies and procedures, staff records and care plans and assessments. Comprehensive checks and audits are needed so that the service can identify and promptly rectify deficiencies. We have made a requirement in respect of this.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what actions we told the provider to take at the back of the full version of the report.

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. Care workers were aware of the safeguarding policy and knew how to recognise and report any concerns or allegation of abuse. Appropriate risk assessments had been carried out.

The service had a policy for the management of medicines. Care workers were carefully recruited. There was sufficient care workers to meet people's needs. Infection control measures were in place and care workers observed hygienic practices.

Is the service effective?

Good ●

The service was effective. People who used the service were supported by care workers who were knowledgeable and understood their care needs. Supervision and staff meetings were in place.

Care workers worked well with social care professionals in supporting people and their relatives. People's nutritional needs were attended to and monitored when needed. Care workers had been provided with essential training and supported to do their work.

Is the service caring?

Good ●

The service was caring. The feedback received from professionals, relatives and people who used the service indicated that care workers were highly regarded. People were treated with respect and dignity.

The preferences of people had been responded to. Care workers were able to form positive relationships with people. People and their representatives were involved in decisions regarding the care.

Is the service responsive?

Good ●

The service was responsive. Care plans were comprehensive and addressed people's individual needs and choices. Regular reviews of care took place with people and their relatives.

People and their relatives knew how to complain. Complaints made had been promptly responded to. The service listened to people and their views and responded appropriately.

Is the service well-led?

Some checks of the service had been carried out by the registered manager and care co-ordinator. Spot checks on staff and reviews of care had been carried out to obtain feedback from people who used the service. However, there was no documented evidence of regular and comprehensive audits of the service. This is needed to identify and promptly rectify deficiencies.

People and their relatives expressed confidence in the management of the service. Staff worked well as a team and they informed us that they were well managed.

Requires Improvement 

Harrow Carers

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 9 August 2016 and it was announced. We told the provider two days before our visit that we would be coming. We gave the provider notice of our inspection as we needed to make sure that someone was at the office in order for us to carry out the inspection. One inspector carried out this inspection. At the time of this inspection the service had twenty eight people who used their service.

Before our inspection, we reviewed information we held about the service. This included notifications and reports provided by the service. We also examined reports provided by local authority social care professionals.

The service provided personal care services to seven people. We spoke with one person who used the service and five relatives of people who used the service. We also spoke with seven staff including the registered manager, five care workers, and the care co-ordinator. We also obtained feedback from two social care professionals.

We reviewed a range of records about people's care and how the service was managed. These included the care records for four people using the service, four staff recruitment records, staff training and induction records. We checked the policies and procedures and service user guide of the service.

Is the service safe?

Our findings

People who used the service and their relatives informed us that people were safe in the care of the service. A relative of a person who used the service said, "I am extremely happy and satisfied. The carer is punctual and my relative is well treated." Another relative said, "I feel my relative is safe with them. I do. They are also hygienic and wash their hands. They do use gloves and aprons." A third relative stated, "My relative is safe with the carers. I would not leave my relative with them if this was not the case."

One social care professional stated that the service demonstrated they cared about both the safety of both people who used the service and their carer workers.

The service had suitable arrangements in place to ensure that people were safe and protected from abuse. Care workers had received training in safeguarding people. They could give us examples of what constituted abuse and they knew what action to take if they were aware that people who used the service were being abused. They informed us that they could also report it directly to the local authority safeguarding department and the Care Quality Commission (CQC) if needed. The service had a safeguarding policy and staff had details of the local safeguarding team and knew how to contact them if needed. The contact details of the local safeguarding team were available in the office. The safeguarding policy had not been updated to include the role of the DBS (Disclosure and Barring Service) and the responsibility of the service to report staff implicated in abuse to the DBS. The whistleblowing procedure was not sufficiently comprehensive as it did not refer to staff being able to raise complaints outside of the organisation. The registered manager stated that new these policies would be updated within the next few weeks. We received the updated safeguarding policy soon after the inspection.

Care workers we spoke with were aware of specific actions to take to keep people safe. Risk assessments had been prepared and these contained guidance for minimising potential risks such as risks associated with the environment people lived in, trip hazards, use of electrical equipment and with moving and handling. These were not sufficiently comprehensive as they did not include risks associated with taking people out on trips. The registered manager informed us soon after the inspection that this had now been included in their risk assessments.

We examined a sample of four records of care workers. We noted that they had been carefully recruited. Safe recruitment processes were in place, and the required checks were undertaken prior to care workers starting work. This included completion of a criminal records disclosure, evidence of identity, permission to work in the United Kingdom and a minimum of two references to ensure that care workers were suitable to care for people. The service had sufficient staff to meet the needs of people and this was confirmed by people and their relatives who stated that care workers were reliable, mostly punctual and able to meet the needs of people. None of them complained of any missed visits by care workers. Care workers we spoke with stated that they were able to attend to people as agreed.

The service had a medicines policy. This included arrangements to ensure that people received their medicines as prescribed and arrangements for the reporting of any error made.

Care workers we spoke with were aware of good hygiene practices such as washing hands and the importance of good hygiene. The office had a stock of protective clothing and equipment in the office. Care workers said they had access to protective clothing including disposable gloves and aprons. People informed us that care workers followed hygienic practices when attending to them. We did not see the infection control policy at the inspection. However, this was sent to us soon after the inspection.

The accident record folder was examined. No accidents had been recorded. The registered manager explained that there had been no accidents. Relatives we spoke with informed us that they had confidence in their care workers to keep their relatives safe. They stated that people were well cared for and they reported no concerns or any accidents to us.

Is the service effective?

Our findings

One person who used the service and relatives informed us that care workers were competent and they were satisfied with the care provided. One relative stated, "They do ask for our consent. They usually check with us if they can do something or not. They are very, very helpful - usually early the majority of the time." Another relative stated, "I am satisfied with the carers. They help to feed my relative. They encourage my relative to eat and drink and my relative has benefitted from their care." A third relative stated, "They are very caring and fantastic. They know how to communicate with my relative. When assisting with feeding my relative, they do not rush. The staff are competent. They have good training."

There were arrangements to ensure that the nutritional needs of people were met. Where needed, people's nutritional needs had been assessed and there was guidance for them and for care workers on the dietary needs of people. However, the registered manager explained that in most cases, care workers were responsible for only heating the food for people. Care workers were aware of the importance of ensuring that people had adequate amounts of fluid and food. They told us that they would encourage people to eat if necessary and this would include giving them food supplements if this were available for people. One carer said, "One of my clients was depressed and did not want to eat, but I encouraged them to eat." Care workers knew that if people lost a significant amount of weight they should inform their registered manager or senior staff.

Care workers were knowledgeable regarding their roles and the needs of people. We saw copies of their training certificates which set out areas of training. Topics included first Aid, moving and handling, health and safety and the administration of medicines. Care workers confirmed that they had received the appropriate training for their role. The trainer for the service was conducting training on the day of inspection. He confirmed that training was provided by his organisation on various essential topics.

New care workers had undergone a period of induction to prepare them for their responsibilities. The induction programme was extensive and lasted two weeks. The topics covered included policies and procedures, staff conduct and health and safety. Care workers told us the training was comprehensive and they were well equipped for their roles. The registered manager informed us that one new care worker had started the 'Care Certificate' and that in future, new care workers would be started on it too. The new 'Care Certificate' award replaced the 'Common Induction Standards' in April 2015. The Care Certificate provides an identified set of standards that health and social care workers should adhere to in their work.

Care workers said they worked well as a team and received the support they needed. One care worker told us that senior staff in the office worked very hard and communicated well with them. The registered manager carried out supervision of care workers. This enabled them to review their progress and development. Care workers we spoke with confirmed that these took place and we saw evidence of this in the staff records. Appraisals had not yet been conducted as the service was newly registered.

We checked whether the service was working within the principles of The Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the

mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager had received MCA training. She informed us that most people using the service had capacity to make decisions for themselves. She stated that where they lacked capacity, close relatives such as people's spouses or their next of kin would be consulted as part of the best interest decision making process.

Care workers were knowledgeable regarding the importance of obtaining people's consent regarding their care and support. They were aware that if people did not have the capacity to make decisions then they should refer matters to their registered manager so that professionals involved and people's next of kin can be consulted. They also stated that they explained what needed to be done prior to providing personal care or assisting people. However, assessments of capacity were not routinely recorded for two people. The registered manager informed us soon after the inspection that this would be routinely incorporated into their assessments. She sent us their new MCA policy which stated that this would be part of their initial assessment process. Three care workers had not received training in the MCA. The registered manager informed us soon after the inspection that training had been booked. She explained that the service was newly registered and they were in the process of ensuring that all the required training and procedures were in place.

Is the service caring?

Our findings

People and their relatives informed us that their care workers were caring and they had been able to form positive relationships with their care workers. They made positive comments about their care workers and described them as "very helpful", "kind" and "brilliant". One relative said, "The carer is respectful, kind and very, very good." Another relative stated, "The carer understand my relative. They respect our culture." A third relative stated, "The carer is very, very polite and very, very nice. Although she does not speak our language, the carer can communicate and make us laugh. She is like one of our family."

A social care professional informed us that the service provided a very important service to people and their relatives.

Care workers we spoke with had a good understanding of the importance of treating people as individuals and respecting their dignity. They were able to describe to us how they protected the privacy and dignity of people by ensuring that where necessary doors were closed and curtains drawn when attending to people's personal care. They said they would also first explain to people what needed to be done and gain their agreement. Relatives we spoke with told us that care workers were discreet and respectful when providing personal care.

We saw information in people's care records about the care needed, personal details and people important in their lives. This information was useful in enabling the service to understand people and provide suitable care workers who could provide the care needed. The registered manager stated that where possible, care workers would be matched to people best suited to care for them. This was confirmed by staff and relatives of people we spoke with. The registered manager stated that when needed, the service would allocate care workers most suited to the preferences of people. This enabled carers to get on well with people who used the service. The registered manager provided us with an example where they matched a care worker with the same cultural and religious background as a person. The person concerned got on very well with their care worker.

Care plans included information that showed people or their relatives had been consulted about their individual needs including their spiritual and cultural needs. Care workers we spoke with had a good understanding of equality and diversity (E & D) and respecting people's individual beliefs, culture and background. They informed us that they had been informed during their induction and training to treat all people with respect and dignity. The service had a policy on non-discrimination and promoting equal opportunities for all. To improve communication with people of different backgrounds, the care records also contained information on the communication needs of people and how they wished to be addressed.

We saw documented evidence in the care records examined that people's care had been reviewed with the either the registered manager or the care co-ordinator. The views of people and their relatives were reported. People and their relatives informed us that senior staff had either visited them recently to ask for their feedback.

Is the service responsive?

Our findings

People and their relatives informed us that they were satisfied with the care provided and their care workers provided the care as stated in the care plans. They stated that care workers were responsive and helpful. One relative said, "The carer is usually on time and do the job properly. The senior staff have come to do a care review." Another relative said, "They do a proper job. They are responsive and very professional. If I have concerns they do respond straight away." A third relative stated, "They go out of the way to allow my relative to be part of assessment process and meet the carers. They are very flexible and would stay late if needed."

The service provided care which was individualised and person-centred. People and their representatives were involved in planning care and support provided. People's needs had been assessed before services were provided and this had involved discussing the care plan with people and their representatives prior to provision of care. The assessments included important information about people including people's health, nutrition, and mobility, medical, religious and cultural needs. People's preferences, choice of visit times and the type of care worker they wanted were also documented. Care plans and agreements were then prepared and agreed with people or their representatives. This was confirmed by those we spoke with. This ensured that people received care that was personalised and appropriate. In addition, people who used the service met with their prospective care workers and people could decide which care worker they wanted.

Care workers confirmed that they had been informed by the registered manager and care co-ordinator in advance of care being provided to any new person. Care workers told us that communication with their office based staff and registered manager was good. They demonstrated a good understanding of the needs of people allocated to their care and when asked they could describe the needs of people and their duties. People and their relatives stated that care workers were competent and knew how to meet their care needs.

We discussed the care of people who had special needs such as those with diabetes and dementia care needs. Care workers were able to tell us what the particular issues, risks and needs of people were. For example, in the case of those with diabetes care workers knew what type of foods people should avoid and the need for them to have their meals on time. In the case of those with dementia, people could tell us how they encouraged people to co-operate with them when assisting with personal care or when assisting people with their meals. They stated that they would give people time and be patient. One care worker stated that they ate their lunch alongside people in order to encourage them to eat. Two care works stated that they had worked with people for some time and people who used the service co-operated well with them as they knew how to get on with people. One relative told us that their relative sometimes gets upset and unhappy. However, she stated that carer workers knew how to help and comfort her.

Reviews of care had been arranged with people and their relatives to discuss people's progress. This was noted in the care records of people. People and their relatives confirmed that this took place and they had been involved.

The service had a complaints procedure and this was included in the service user guide. Relatives informed

us that they knew how to complain and when they had complained, the provider had responded appropriately. Care workers knew they needed to report all complaints to the registered manager or senior staff of the service so that they can be documented and followed up. We noted that complaints made had been promptly responded to.

Is the service well-led?

Our findings

All people we spoke with provided positive feedback regarding the service. The feedback indicated that people were pleased with the services provided. One person who used the service and relatives we spoke with expressed confidence in the management of the service. A relative said, "The service is managed well. They are very respectful. In an emergency they are very helpful. I cannot live my present lifestyle without their support." A second relative stated, "I have completed a survey. Management is fantastic. There is always someone on call." A third relative stated, "The service is managed well. They are very respectful and very helpful if needed."

A social care professional stated that they had confidence in the service and the service supported people and made a real difference to their lives.

Care plans were well maintained and up to date. They had been signed by people or their relatives. The service had a range of policies and procedures to ensure that care workers were provided with appropriate guidance to meet the needs of people. These addressed topics such as safeguarding, medicines and health and safety. We however, noted that the whistleblowing procedure was not sufficiently comprehensive as it did not refer to staff being able to raise complaints outside of the organisation. There was no infection control policy. The service had a safeguarding policy in the policy folder. However, this had not been updated to include the role of the DBS (Disclosure and Barring Service) and the responsibility of the service to report staff implicated in abuse to the DBS. The registered manager stated that they discussed the matter and action had been taken to have these policies within the next two or three week.

The registered manager stated that the service had quality monitoring systems in place. She provided evidence that they had visited people in their homes to review their care with them and their relatives. In addition, she stated that they had telephone conversations with people and their relatives to obtain their views of the services provided. The registered manager stated that the service had sent out satisfaction survey forms to people and their representatives recently and an action plan would be prepared following this. However, we noted that there was no comprehensive quality assurance system of checks and audits. There was no written evidence of regular audits of complaints, policies and procedures, staff records and care documentation.

Comprehensive checks and audits are needed so that the service can identify and promptly rectify deficiencies. The lack of regular and comprehensive quality assurance systems for monitoring and improving the quality of the service may affect the safety and quality of care provided for people and is a breach of Regulation 17 Good Governance.

Care workers were aware of the aims and objectives of the service and stated that they aimed to provide a high quality service which met the needs of people and promoted the independence of people. They told us that they were well treated by management. Care workers stated that their registered manager and the care co-ordinator were supportive and approachable. They indicated to us that morale was good and they had received guidance regarding their roles and responsibilities. The service had a management structure with a

registered manager accountable to the Harrow Care Centre manager and a chief executive. She was supported by a care co-ordinator. There were meetings where care workers were kept updated regarding the care of people and the management of the service. This was confirmed by care workers and the minutes of meetings were seen by us.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The service did not have comprehensive quality assurance systems for monitoring and improving the quality of the service.