Network Healthcare Professionals Limited

Harrow

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service

Harrow is a domiciliary care service. It provides support and personal care to people living in their own home. At the time of our inspection there were 90 people receiving personal care.

People's experience of using this service and what we found

People were not always receiving their care and support at the time it had been planned for because of late or missed calls. Therefore, people were at risk of not receiving care and support as required. Furthermore, there was no formal process for checking that care calls had taken place. The service did not have systems in place to continuously learn and drive improvement in relation to staff punctuality. This was because all the incidents of lateness had not been recorded or investigated to ensure appropriate action was taken and lessons learnt to prevent repeat occurrences.

Despite concerns regarding lateness, people still felt safe in the care they received from staff. Staff understood different types of abuse, which meant they could spot the signs of abuse and report concerns to relevant authorities. There were also systems and processes in place to minimise risks to people. Each person's care plan had several risk assessments and measures to reduce risk. People told us they received their medicines on time and as prescribed. However, we judged that people remained at risk as staff continued to be late for visits.

Before people started using the service, they were assessed to ensure the service could meet their needs. People were supported to have access the healthcare services they needed. There were arrangements to ensure that people's nutritional needs were met. People's dietary requirements, likes and dislikes were assessed and known about by staff.

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. When people were unable to make decisions about their care and support, the principles of the Mental Capacity Act (2005) were followed.

People's needs had been assessed and care plans developed to ensure appropriate guidance was in place for staff to meet their needs. However, the guidance could have been more detailed. Each person's preferred method of communication was highlighted in their care plans, which showed people's communication needs had been considered.

The provider worked in partnership with key organisations such as the contract and commissioning teams and healthcare professionals to plan and deliver an effective service.

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

Rating at last inspection:

At our last inspection, the service was rated "Good". Our last report was published on 1 April 2016.

Why we inspected:

This was a planned inspection based on our scheduling of regulated services.

Enforcement:

At this inspection we rated the service as requires improvement. We identified two breaches of regulations, in relation to staff deployment and good governance. Please see the action we have told the provider to take at the end of this report.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Harrow

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection team consisted of one inspector and two Experts-by-Experience. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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

The service had a registered manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave the service 48 hours' notice of the inspection because we needed to be sure that they would be in. Inspection activity started on 21 June and ended on 7 July 2019. We visited the office location on 21 June and 7 July 2019.

What we did before the inspection
We asked the service to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection
We spoke with 26 people who used the service and one relative about their experience of the care provided. We spoke with five members of staff including, the registered manager, care coordinator and four care workers. We reviewed a range of records. This included six people's care records. We looked at seven staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We requested additional evidence to be sent to us after our first visit. This was not received in full and this prompted the second visit to collect the required information. The information was used as part of our inspection.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment
• Most people spoken with told us that they were not always receiving their care and support at the time it had been planned for. Their feedback included, "Timing is pretty awful. They can be four hours late. You never know when it is going to be", "Timing is terrible. You never know when they are coming" and "I feel the service is letting me down. I do not like being left in bed. When they don't turn up my relative has to wash me. My relative can't manage it. However, if my relative does not attend to me, I don't get washed."
• We received concerns about the service not keeping people informed of any changes to the staff who attended to them or when staff were running late. One person told us, "Timing of visits is a delicate matter. I would say it is very poor. I am never informed about lateness." During the inspection, we spoke with one person, who told us, "Staff are meant to be here at [a particular time] but today they are very late, and no one has called us."
• We asked about the system for monitoring that calls had taken place, and the registered manager told us, that the service relied on people using the service to contact the office and advise them if a care worker had not arrived at the expected time.
• Care workers had been recruited safely. The service carried out appropriate staff checks at the time of recruitment and on an ongoing basis. This included at least two references, proof of identity and Disclosure and Barring checks (DBS). The DBS helps employers make safer recruitment decisions and prevent the appointment of unsuitable people.

Assessing risk, safety monitoring and management
• Whilst risks to people had been identified, assessed and management plans put in place, people were at risk of not receiving care as planned because of late or missed calls.
• Risk assessments covered a range of areas, including falls, skin integrity and people's living environment. Where risks had been identified, there were management plans which provided guidance for staff on how to minimise or prevent the risk occurring. However, some care plans were not detailed. For example, one person had diabetes and guidance for staff included regular monitoring of medicines. However, the plan did not specify relevant health information or method of mitigating the risks such as those related to low or high blood glucose. There was a risk that new staff who were not familiar with people would not provide the required care due to lack of detailed management plans. We discussed with the registered manager that the care plans required to be more detailed so that they provided sufficient information to staff who may not be familiar with people's needs.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Learning lessons when things go wrong
• Whilst there was a system in place for learning from some incidents, the service did not have a reliable system for learning from late or missed calls. This is because, the service did not have a reliable system to assure themselves that people received visits from staff at the agreed time or at all. We checked to see how late or missed visits were recorded and analysed to prevent future occurrences. We found out that although most people spoken with told us that they received visits from care workers outside of their agreed time, none of the late or missed calls had been recorded or investigated to ensure appropriate action was taken and lessons learnt to prevent repeat occurrences.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse
• Care workers understood their responsibilities to keep people safe. The service had relevant policies in place, including safeguarding, which were readily accessible to staff. Care workers had also received safeguarding training. They knew the different types of abuse. They were aware they could notify other agencies such as the local authority, the Care Quality Commission and the police when needed.
• Despite concerns regarding lateness, people felt safe in the care they received from staff. We received consistently positive feedback including, "They have been coming for a few years and I feel safe. I feel they are quite professional", "I do feel safe. Staff talk to me and give good service" and "I absolutely feel safe. I have had the same carer and he does his job responsibly." However, we judged that people remained at risk as staff continued to be late for visits.

Using medicines safely
• There were systems in place to ensure proper and safe use of medicines. The service had a medicines policy which was accessible to staff. People's care plans also included information on the support they required to take prescribed medicines.
• Most people we spoke with did not need support with their medicines. However, those who needed support told us that they were supported with their medicines as prescribed. One person told us, "I take my own medicine, but staff will prompt me to take it." Another person said, "Staff check that I have taken my medicines."
• Medicine administration records (MAR) were completed appropriately and regularly audited. All care workers had received training in the administration of medicines which was regularly refreshed.

Preventing and controlling infection
• People were protected from the risks associated with poor infection control because the service had processes in place to reduce the risk of infection and cross contamination. There was an infection control policy, which provided staff with guidance on how to prevent or minimise the spread of infection.
• Care workers had completed training in infection control and prevention. They told us that they used personal protective equipment such as gloves and aprons, supplies of these were readily available for staff to collect at the agency office.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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
• People confirmed their needs were assessed before they started using the service. Comments included, "Staff know my needs because we talk about it and it makes me feel happy", "There is someone in the office and I can call if I need someone to come quickly, or they can talk to me from the office" and "The staff support me with anything that I need done."
• People's assessments were used to draw up individual care plans and risk assessments.

Staff support: induction, training, skills and experience
• Care workers had the knowledge and skills to effectively meet people's needs. People and their relatives told us staff were well trained and were knowledgeable of people's needs. Comments included, "Staff are definitely well trained. They make useful suggestions too", "My carer is confident and know what he is doing" and "Staff know their job and that is why I am pleased they look after me."
• Care workers had completed a Care Certificate based induction when they started work and had a period of shadowing experienced members of staff. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
• We noted from records that care workers had completed essential training specific to their roles and responsibilities. Staff training covered areas such as food hygiene, safeguarding, health and safety, moving and handling, administration of medicines and Mental Capacity Act 2005.
• Records showed the service supported staff through regular supervision, annual appraisal and spot checks. All care workers we spoke with confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet
• People were supported to eat and drink suitable amounts for their wellbeing. Their feedback included, "Staff do my lunch and my evening meal", "My carer makes my lunch and prepares something for me to cook later. This works well", "They heat the meals for me and they make sure it's warmed up properly, "I can't get into the kitchen, so they will leave out drinks or anything I need" and "They always leave some drinks and snacks for me in between visits."

Staff working with other agencies to provide consistent, effective, timely care
• The service worked in partnership with other health and social care services to ensure people's needs were met. For example, when people were being discharged from hospital, the provider liaised with hospital teams and social services to ensure adequate support was planned and in place for the person when back at home.
• Each person's care plan contained information relating to their medical condition, medicines, GP and

other health and social care professionals to ensure that information was readily available to staff in the event of an emergency.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA
• People's rights were protected because staff sought their consent before providing care and support. Their comments included, "I am always consulted. My carer asks if he is not sure and he is always willing to listen" and "Staff definitely ask before they do anything."
• People participated and made decisions about their care.
• Care records documented whether people had capacity to make decisions about their care. Most care records showed that people, or their legal representative, signed to give their consent to the care and support provided. This confirmed that decisions had been made in their best interests and by whom.
• Care workers understood the importance of obtaining consent from people before providing day-to-day support.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good At this inspection this key question has remained the same. 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
• People's diversity and human rights were highlighted in their care plans. People felt that care workers treated them fairly, regardless of age, gender or disability. Whilst most people told us they did not have specific cultural and spiritual needs, where required, care workers respected and met people's cultural and spiritual needs. One person told us, "I go to a temple and staff respect that."
• Practical provisions had been made to support people's diversity, including gender preferences. One person told us, "When I started using the service, they asked if I had any gender preference for my personal care." Another person said, "I need female staff, and this is always respected."

Supporting people to express their views and be involved in making decisions about their care
• People told us they had been fully consulted about their care. Their care records contained information about their choices and independence. One person told us, "I was involved in the planning of my care. My children were also involved."
• People's care records showed they were involved in planning their care and support. We also noted from their records that their care plans were reviewed with them regularly and when their needs changed.
• People were given choices in making decisions about their daily care needs. They told us staff provided them with opportunities to make decisions about their care. One person told us, "I am involved in my care. Staff came and speak to me about my care. The registered manager came around a few times and ask if I am happy with the service. She is really nice."
• Care plans instructed staff to offer people choices and staff understood the importance of this. Staff were knowledgeable about people's preferences.

Respecting and promoting people's privacy, dignity and independence
• People's privacy and dignity was respected. People told us that staff treated them with respect and kindness. Comments included, "Staff are absolutely kind and always caring", "Staff always call me by name and check that everything is fine with me" and "Staff are kind and polite. We have a bit of banter. They treat me how I want to be treated."
• The service recognised people's rights to privacy and confidentiality. Care records were stored securely in locked cabinets in the office and electronically.
• Confidentiality policies had been updated to comply with the new General Data Protection Regulation (GDPR) law. The GDPR law came into effect on 25 May 2018. It is Europe's new framework for data protection laws. It replaced the previous 1995 data protection directive.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

• People received support from staff that met their individual needs. People told us they had a care plan in place and that their needs were met. One person told us, "My needs are met. They check if have something to eat and drink." A relative told us, "My relative has a chronic condition and staff are good with him."

• Care plans contained information about people's care requirements, a brief overview of the person, and the things that were important to them. We found that staff were knowledgeable about people's needs. In as much as the care plans were not fully detailed, we saw evidence that people continued to receive person centred care.

• People were supported with activities that interested them. One person told us, "We have community time and we go shopping or out to lunch and do other things." Another person said, "My carer takes me out regularly for shopping and eating out."

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 showed that people's communication needs had been considered as part of their assessment. Care plans included information about people's preferred language. For example, one person spoke Gujarati, and this was highlighted. We confirmed with the person that their communication needs were being met by having Gujarati speaking care workers.

Improving care quality in response to complaints or concerns

• People told us they knew how to complain. Comments included, "In the early days I had one or two carers who were not that good, and I complained, and I have never seen them since", "They do listen. The registered manager is very good, and she would listen and would do her best to rectify any issue" and "I am so lucky because I have very good carers. I don't have to complain about them."

• The service had a complaints procedure which people and their relatives were aware of. The procedure explained the process for reporting a complaint. One complaint had been raised in the last 12 months, which had been investigated and concluded satisfactorily.

End of life care and support

• There was documented evidence that the service had considered peoples advanced wishes and end of life care preferences. End of life care plans were in place and included diagnosis and prognosis, next of kin contact arrangements, directives, wishes and concerns.
• An end of life policy was in place. Staff knew how to manage, respect and support people's choices and wishes for their end of life care as their needs changed.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care
• People did not always receive a consistent service because the service was not managed in a way that ensured they received their visits at the times they were planned for. One person told us, "I have not complained before, but I might do that about late visits." Another person said, "Staff will support me when they come. However, when they take long to come, I have to find something for myself."
• The service did not have a system to monitor whether people received their visits as planned. There was no system for monitoring staff arrival and departure times. The registered manager told us the service relied on people using the service to contact the office and advise if a care worker had not arrived at the expected time. We found the system to be ineffective as no incident reports had been recorded regarding late calls even though we had been notified of recent occurrences, which were not known about by the service's management. The lack of a monitoring system meant that the registered manager was unable to ensure appropriate action had been taken and lessons learnt to prevent repeat occurrences. The registered manager told us, "The managers are looking into what monitoring system to buy."

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
• People confirmed that care was planned to meet their needs, preferences and interests. They told us that they had choice and control over their care.
• We asked people if they were happy with the way that the service was managed and led, and we received mixed feedback. Comments included, "I would recommend the service, but with reservations", "I would not recommend the service because of the timing issue", "I would definitely recommend the service. I have no complaints" and "I would recommend the service now because I am very happy with what they do for me."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
• The service was aware of and complied with the requirements of the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. There was an open and transparent approach to safety and a system was in place for reporting and recording significant events. We had been notified of significant events.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

• There was a clear leadership structure and care workers felt supported by management. The management team provided clear lines of responsibility and accountability. Care workers understood their roles and responsibilities. They told us there was an open culture within the service and they could raise any issues at team meetings and felt confident and supported in doing so. Comments included, "The registered manager is transparent and supportive" and "The registered manager is a good listener."

• The leadership structure comprised the divisional manager, the registered manager and a care coordinator. We found the management to be knowledgeable about most issues relating to the quality of the service.

• The management monitored quality performance in some areas. They shared with us how they were performing against their key performance indicators in some areas. Audits had been carried out is some areas, including medicines.

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

• The provider gathered feedback from people and their relatives through regular monitoring visits, telephone quality checks and an annual survey to improve the quality of the service. The last survey was conducted in December 2018 and showed that people had been experiencing positive outcomes from using the service. However, there were areas in which the feedback indicated improvement could be made, including keeping people informed of any changes to the staff who attended to them or when staff were running late.

Working in partnership with others

• The provider worked in partnership with the local authority and with other healthcare professionals.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not do all that was reasonably practicable to mitigate risks arising from staff lateness. Incidents arising from staff lateness were not reported, investigated and monitored to make sure that action was taken to remedy the situation, prevent further occurrences and make sure that improvements were made as a result.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There were no monitoring systems and processes to enable the provider to identify where quality and safety were being compromised due to staff lateness in order to respond appropriately and without delay.