

Harbex Limited

# Harbex Nursing & Care

## 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

### About the service:

Harbex Nursing and Care is a domiciliary care agency. At the time of our inspection the service was providing care and support to 53 people living in their own homes. The service did not provide any nursing care.

### People's experience of using this service:

Staff were aware of risks to people's security and took steps to ensure their safety. They demonstrated a good understanding of safeguarding policy and procedures and were vigilant to any signs of abuse. Where risk to people's health, safety and wellbeing had been identified care plans were put in place to manage these risks. Care plans were person-centred and generally provided staff with the information they needed to provide care and support in a way that met people's needs and preferences. However, we found one care plan did not indicate the person's current needs.

There were enough care staff to meet the needs of people and deliver a consistent service. When taking on new staff the service ensured appropriate checks were carried out to check candidates' suitability to work with vulnerable people. Ongoing training provided staff with up to date knowledge and understanding of their care and support responsibilities.

Medicines were appropriately managed for people who needed assistance with medicines. Clear records of any creams applied, and medicines administered were monitored and kept up to date.

People said the staff were well trained, understood them and knew how to meet their needs in a person-centred way. One person told us, "[The staff] all know what to do and how to do it." All staff had access to supervision and their performance was regularly monitored.

People told us that they were supported by staff who knew them well. Visits were allocated in zones which reduced the travel time for staff and meant people were supported by small and consistent staff teams.

When we asked them, people supported by Harbex Nursing and Care said that the care staff were kind, caring and cheerful. They confirmed staff sought their consent before undertaking any care task or entering their home and that they would always offer choices around how their care was provided. They told us that the care staff had enough time to perform tasks and would spend time listening to what they had to say. Privacy and choice were respected, and confidential information was kept securely.

The people we spoke with were aware of how to complain and told us that when they had made complaints these resulted in improvements in their support. We saw complaints were taken seriously with full consideration and appropriate investigation.

There were processes in place to monitor the safety and quality of the service. The manager and provider undertook quality assurance monitoring of the service and any actions arising from this had been

addressed.

People were given opportunities to provide feedback on the quality of their support and given the opportunity to comment on the service they received. Surveys and questionnaires showed a high level of satisfaction. Analysis of trends showed an increase in satisfaction levels since the previous year.

Services like Harbex Nursing and Care are required to have a manager who is registered with the Care Quality Commission (CQC). A new manager had been appointed to the service at the end of February 2019, but had not yet completed the registration process. The manager in post was supported in the day to day management of the service by the provider, compliance and quality manager and recently appointed key workers. The management team were open and supportive to staff and understood their responsibilities to operate the service safely and effectively.

Rating at last inspection:

At our last inspection, the service was rated "Requires Improvement". Our last report was published on 23 May 2018 and recorded multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected:

This was a planned inspection. Our announced inspection started on 14 May 2019 and ended on 15 May 2019.

Follow up:

Going forward we will continue to monitor this service and plan to inspect in line with our re-inspection schedule for services rated Good.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our Effective section below.

### Is the service caring?

Good ●

The service was caring.

Details are in our Caring section below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive section below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our Well-Led section below.

# Harbex Nursing & Care

## Detailed findings

### Background to this inspection

#### Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

This inspection was carried out by one adult social care inspector.

#### Service and service type:

Harbex Nursing and Care is a domiciliary care agency. It provides personal care to people living in their own homes. Not everyone using Harbex Nursing and Care Services received a regulated activity; the Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; such as assistance with washing and dressing or preparing meals. help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection, 53 people were receiving personal care.

The service had a manager, but they had not yet registered with the Care Quality Commission. The manager had recently been appointed following the resignation of the previous registered manager in February 2019. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The new manager told us that she was in the process of applying for registration.

#### Notice of inspection:

We gave the service 24 hours' notice of the inspection visit because it is small, and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be available on the days of our inspection.

Inspection site visit activity started on 14 May 2019 and ended on 15 May 2019. We visited the office location on both days to see the manager and to review care records and policies and procedures. We visited five

people in their own homes on the second day of our inspection.

What we did:

We reviewed information we had received about the service, this included details about incidents the provider must notify us about, such as abuse or injuries; and we sought feedback from the local authority and other professionals who work with the service. We contacted the local authority safeguarding and commissioning teams to gather information about the service. They raised no concerns about the care and support people received from Harbex Nursing and Care Services. We used all this information to plan our inspection.

During our inspection we spoke with four members of care staff, the manager, compliance and quality manager and service provider, five people using the service, and three relatives. We reviewed six care files, four staff personnel files, medicine administration records and other records about the management of the service.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management:

At the last inspection in January 2018 we found a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as risk assessments had not been reviewed and updated and risks to people had not been considered. Following the inspection, the provider completed and sent us an action plan. At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 12.

- The owner told us they had reviewed the management structure and introduced key workers in the community to support the manager with day to day provision of care. A new 'specific person-centred risk assessment' form had been introduced to assist with identification of risks to people, and this had been utilised by the manager, compliance and quality manager and key workers.
- There were risk assessments in care plans, linked to the person's support needs and which were reviewed regularly. Where specific risks were identified, these had been assessed. For example, where people had difficulty swallowing a choking risk assessment identified the hazards and a corresponding care plan provided care staff with instruction on what action they needed to take to minimise the risk.
- Environmental risks, including entry, fire risks, heating and lighting were assessed in accordance and with respect to people's values and standards

Staffing and recruitment:

At our last inspection We found a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to staff recruitment. This was because checks to ensure the suitability of candidates to work with vulnerable adults were not always carried out. At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 19.

- The service had addressed this issue. When we reviewed staff files we found the provider was following safe staff recruitment procedures. Records confirmed that Disclosure and Barring Service (DBS) checks were completed and references obtained from previous employers. Personnel files included a photograph of the person, and checks were made to account for any previous gaps in employment.
- There were enough care staff to meet the needs of people and deliver a consistent service. Care staff generally worked on specific 'runs' in geographical areas which allowed them to build up knowledge and understanding of the people they supported. This also meant that people were supported by staff they knew. One person told us, "I've been with the service two years and always get the same staff during the week. It can be different people at weekends, but they deserve their days off." Another said, "It's not always the same staff but I know them, and most are regulars."
- All the people we spoke with told us that staff were not rushed and had enough time to spend with them. They told us that staff were mainly punctual. One person told us, "My carers are generally on time, but I know that they can sometimes get held up. I wouldn't like it if they left me in a pickle."
- All care staff had completed induction training in line with the providers policies and had competency

checks to ensure they understood the training provided.

Systems and processes to safeguard people from the risk of abuse:

- The relative of a person who received care and support told us, "The [care staff] are absolutely wonderful, worth their weight in gold. We'd be in a right mess if it wasn't for Harbex."
- People told us they were safe, and that staff ensured their security when entering and leaving their property. One person told us, "They are mindful of my safety, check the doors and windows and leave the key in the key safe. They always check on my well-being and see that I am alright and have everything I need close by".
- The manager understood their responsibilities to safeguard people from abuse. The safeguarding procedures were in line with local authority policy and staff understood how to protect people, identify any concerns and report suspicion of abuse. The manager maintained a log of any safeguarding concerns and untoward incidents which may put people at risk, and we saw that any concerns were investigated with plans to prevent any recurrence.
- Concerns and allegations were acted on to make sure people were protected from harm.
- Staff had been trained in safeguarding and how to recognise the signs of abuse.

Using medicines safely:

- Staff were trained to support people with their medicines and their competency was checked annually.
- People's independence to manage their own medicines was promoted if it was safe to do so. Where people needed support from care staff risk assessments relating to medicines were carried out.
- Where people required assistance with medicines this was noted in their care plans and people and their relatives told us that staff were careful when administering medicines. One person told us, "[The care staff] are absolutely brilliant. They know all the different creams I use and know what's for what."
- When staff administered medicines, they recorded this on a medicine administration record (MAR). We looked at four MAR sheets and saw that they were completed clearly and legibly. Where medicines were refused this was clearly noted.
- The medicines policy informed staff how to administer, store and dispose of medicines. However, this had not been reviewed recently. We spoke with the manager who agreed to review the policy to ensure that it was in line with the National Institute for Healthcare Excellence (NICE) guidelines for managing medicines in domiciliary care settings.

Preventing and controlling infection:

- Care staff had completed infection control training and were issued with personal protective equipment (PPE) such as disposable gloves and aprons. Spot checks conducted by senior staff who noted the correct use of PPE.
- We observed that there was a plentiful supply of disposable gloves and aprons in the office, and saw staff picked up supplies as they visited. We also observed staff in people's homes used PPE when preparing food and attending to personal care.
- We saw care plans instructed and reminded staff to change gloves when administering different creams and medicated soaps. This helped to prevent cross infection.

Learning lessons when things go wrong:

- Accidents and incidents were investigated and where lessons were needed to be learnt this information was shared across the service.
- Following a complaint about care staff arriving at different times the service had reviewed their policy on punctuality and begun to carry out monthly punctuality reports. This has improved the timings of visits.
- The manager gave examples where staff used their experiences to reflect on practice, develop a keener

sense of professional boundaries, and respond to people according to their values and customs.

# 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

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: When we inspected Harbex Nursing and Care in January 2018 we found a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as reviews of care plans were inconsistent. At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 9.

- The service had designed new systems to identify when a review of care was needed. We saw that reviews were conducted after six weeks and every twelve months. If people's needs changed a further review was conducted and care plans were revised accordingly.
- Prior to admission, the manager met with the person to discuss their needs and wishes, seeking agreement with the person about what support they required. They liaised with relevant professionals to consider how best to support the person. Pre-assessment documents were considered including social worker and other professionals' assessments. The manager considered how the service could meet assessed needs, including deliberation and impact on others using the service and the impact this might have on staff time. This avoided overloading staff with too many visits.
- People told us that they were supported in the way they liked and were encouraged to maintain their independence. They said that the care staff understood and met their needs. One person said, "They encourage me to stay independent, some things I need more help with. Do me a nice breakfast, change the bed, help out with a bit of cleaning and leave the place nicely. They are not rushed, but by the time they've done what they have to it's nearly an hour. They take their time and go at my pace. I think the time is well spent."
- People's calls were usually on time or staff called if they were going to be late. A care worker we spoke with told us, "[Staff] generally get enough time. People's needs can vary from day to day so on some calls we don't always need the full allotted time, which is nice; we can spend time in their company or if we are dismissed it gives us more time with other people we support."
- When assessing people's needs the service considered any protected characteristics under the Equality Act 2010. For example, people's marital status, religion and ethnicity was recorded. This ensured people did not experience any discrimination.

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

During our last inspection in January 2018 we found that the provider did not consistently work within the principles of the Act to ensure people's rights were protected. This was in breach of Regulation 11(1)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 11.

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 with appropriate legal authority.

- Following the last inspection, the provider had liaised with the local authority commissioners to seek advice and support in relation to relevant documents providers require for MCA and best interest process. We saw that where it was suspected that people lacked capacity to agree to care and support appropriate capacity assessments had been completed, and best interest decision were recorded.
- Each person using the service who had capacity had been involved in decision making about their care. Care files included consent forms, and a contract of care which people had signed to agree to the care and support provided.
- Staff had received training to ensure their knowledge and practice reflected the requirements set out in the MCA.
- People we spoke with confirmed staff sought their consent before undertaking any care task or entering their home. They told us that staff would always offer choices around how their care was provided.
- The provider had reviewed the mental capacity policy and included a statement which read, 'We believe service users should make their own decisions and we will adhere to The Mental Capacity Act (2005)'.

Staff support: induction, training, skills and experience:

- People told us they felt the staff were well trained, understood them and knew how to meet their needs in a person-centred way. One said, "I can't fault 'em they are very good. They work well to get chores done and that gives them more time with me."
- All new staff undertook a thorough induction. Recruits who were new to the caring profession completed the Care Certificate which is a professional qualification aimed to equip health and social care staff with the knowledge and skills which they need to provide safe and compassionate care.
- When they began working for Harbex new staff would shadow a more experienced staff member. This allowed them to be introduced to people and understand how they liked to be supported. One person told us, "[My care staff] brought a new girl recently to show them the ropes. That means my support will be consistent."
- We asked staff about their training. One care worker told us, "I got a lot of training when I started, not so much now. We get some, most is on the job.", Other care workers told us that they had access to regular training opportunities, and that, "The managers get onto us if we haven't completed our mandatory refreshers." The manager told us that they had developed a good working relationship with the local college who delivered a course in health and social care. In addition, we saw certificates in staff files to show care staff had completed courses delivered by the local authority, for example, infection control and safeguarding adults. We were also told by staff that they had been trained to have a better understanding of dementia and had toured the dementia bus. This is a service provided by the Alzheimer's Society to provide first-hand experience of what it is like to live with dementia.
- The compliance and quality manager had qualifications to teach moving and handling and provided all staff with refresher training.
- We saw that the senior staff conducted spot checks to observe care worker practice, and that staff had a formal supervision session every six months and a yearly appraisal. Supervision provides an opportunity to monitor the performance of individual staff members or for allowing collective understanding of issues or concerns. The manager told us that they would not wait for a supervision session to alert people to issues or concerns and that staff may have supervision more regularly if there was an issue with their performance.
- Staff told us that supervision was informative and supportive. One told us, "They ask for our views and then reflect on our practice. To be fair, I couldn't have asked for better support. I have a lot going on and a number of personal issues.... all the office staff have been supportive. I couldn't ask for nicer people."

Supporting people to eat and drink enough to maintain a balanced diet:

- Staff recognised the importance of helping people to maintain a good diet, and we saw care plans indicated how to ensure good nutrition and hydration. They were trained in nutrition and hydration and the importance of keeping people healthy and eating a balanced diet.
- Staff had been trained to understand dietary requirements such as diabetes and swallowing difficulties. One person who had difficulty swallowing due to their medical condition told us, "My meals are pureed, and they support me to eat, and they know what and how I like my food."
- We saw people's preferences and requirements were recorded within people's files.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support:

- The service worked with other community stakeholders, such as social workers, local authority commissioners and medical professionals, to ensure effective care for people and that their needs and wishes were met. A family member told us, "Harbex are great, they've really done us proud. Helped with arranging and liaising with occupational therapists and social workers to get [my relative] what they need."
- People told us that there was continuity of care. People had visits from regular care staff. This meant they were supported by people who were familiar with them and knew how they liked their needs to be met.

# 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

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 spoke positively about the care they received. One person said, "They show they care. They are interested in me and ask about my family. [Care workers] remind me about birthdays, maybe bring me a card to send. They are helpful, for example my TV goes off a lot. They fix it for me and have left a note to tell others what to do."
- When we spoke with them, staff spoke affectionately about the people they supported. They showed a good understanding of people's preferences. During our inspection we saw that interactions were respectful, conversations were cheerful and there was good, friendly chat between people and their carers. One person who used the service told us, "We can have a talk and a laugh together.; If it wasn't for them some days I'd never see anyone they are very sociable."
- Staff recognised, and respected people's needs and values. One care worker said, "I understand my role. I'm here to support. People want to be independent but need a little extra help. Some days we might need to do more than others, but we encourage them to do what they can." Another told us, "I always make time for people even if I need to go over. It's important to them that we can stop for a natter or share a cup of tea. They are interested in us, and we are in them. Many just want company, and a chance to talk."
- Care staff were respectful when speaking about people and were considerate of the equality and diversity needs of people including protected characteristics. Care staff actively considered people's cultural or religious preferences. Staff received training in equality, diversity and inclusion.

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

- People told us that the staff had time to spend with them and had got to know them well. They said that they were actively involved in all aspects of their care and could say how they wanted their care to be delivered. One person remarked, "I don't want to go into a home and Harbex are my lifeline. [My care staff] listen to what I have to say, help me as I need help and keep me on my toes."
- When arranging visits staff took people's wishes into consideration and tried to ensure they arrived as people directed. A member of staff explained that they discussed the timings of visits with people. For example, one person liked an early night, and as their last visit was in the early evening they agreed to provide a call at 6:45 in the morning.
- None of the people who used the service at the time of our inspection had an advocate, staff told us they would share information about local advocacy organisations with anyone who they felt may benefit from independent support with decision making.
- Care plans identified people's needs and wishes and were reviewed as needs changed. People and their relatives were involved in reviews of their care plan.

Respecting and promoting people's privacy, dignity and independence:

- All the people we spoke with told us that they were treated well by care staff who understood them. One person told us, "I think the [Care staff] I see have empathy. They understand me and how I like things to be done." Another commented, "The staff are very good, and understanding of my needs. They are more mature, and excellent at what they do. I think they like coming here."
- Consideration to privacy and dignity was embedded in care plans and staff showed a good understanding of the importance of respecting people's privacy and confidentiality. One person told us, "They will sit down with me for a few minutes for a catch up and a chat ... they are all different and they tell me about their lives, but they never talk about the other people they see."
- Records were stored securely and managed in line with the General Data Protection Regulation. This is a legal framework that sets guidelines for the collection and processing of personal information of individuals.
- The provider ensured that they complied with Accessible Information Standards. These are standards introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand, such as the use of large print in care documents.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns:

At our last inspection we found a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to staff recruitment. This was because not all complaints made had been recorded or investigated as complaints. At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 16.

- Since the last inspection the service has maintained a 'Complaints Control Procedure' file, listing any incidents, complaints or safeguarding alerts and any actions taken by the service to follow up the complaints. When we looked at the complaints section we saw evidence to show complaints had been investigated and where they had been substantiated appropriate action taken to prevent further reoccurrences.
- People told us that they knew how to complain. One person said, "I've never had to complain. If I was unhappy I would complain, make no mistake! I've never had to. The service is just right." Another told us, "On occasions where they have let me down I have let the service know, and they apologise. By and large they are very good."
- Where people had complained they told us that they were happy with the response. One person told us, "I have complained about the inconsistency of people in the past. They rectified this and now I mostly get the same carers. I've also complained about the times, and it was rectified."

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- One person told us, "They encourage me to stay independent, some things I need more help with. They are not rushed."
- Each person who was supported by Harbex Nursing and Care had a care record which detailed their needs and how they would wish to be supported. These detailed the specific care requirements and levels of intervention required to support the person. We looked at six care plans. Five of these adequately reflected the person's needs. However, one care plan was not up to date. It instructed the care staff to provide eye drops, but when we spoke with the person they told us that they did this themselves, but that staff assisted with applying creams to their legs. This was not indicated in the care plan, but application was recorded on the medicine record sheets. We were concerned that the instruction in the care plan was incorrect and could lead to risk but reassured that the person was able to inform staff about their care needs. When we spoke to the manager they made arrangements to review and revise the care plan.
- Care plans gave a good indication of the person, their needs and how they could be met. They were clear, concise and easy to follow. Where instructions from health professionals such as speech and language therapists and district nurses were required this was included with technical jargon explained to assist comprehension.
- Any specific risks were assessed, and where risk was identified instruction as to how to minimise the risk were included in care plans.

- People's ability to communicate was recorded in their care plans to help ensure their communication needs were met.
- Staff knew people's likes, dislikes and preferences. They used this information to care for people in the way that they want to be supported. One person told us, "I had a long stay in hospital. After that I wanted them back and I got them. They are very good. They know me, do what they have to do and more besides. They look after me very well. I've got no problems."
- Care plans were reviewed on a yearly basis or sooner if a change in circumstance or need was noted

#### End of life care and support:

- The service was not supporting anyone coming to the end of their lives at the time of our inspection. When we spoke to the manager they told us that they would continue to support people if they were able to meet their needs. They offered specialist training for staff around end of life care but recognised that some staff were uncomfortable with this.
- When we spoke with staff they expressed a willingness to support people if they chose to die at home. They told us care plans were reviewed to include longer hours with people, including night sits if necessary to ensure that a member of staff stayed with the person.
- One care worker told us, "We don't do much end of life care, often people go to hospital or the hospice. When they don't, the focus of our work changes. We liaise with district nurses and spend more time with the person. It's more about holding hands, ensuring they are comfortable, and talking and listening. We try to resolve their anxieties."

# 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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

At our last inspection in December 2017 we found two breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to the overall management and governance of the service. At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 17.

- However, we found that further improvement could be made in recording. Examples included incorrect instruction in a care plan which directed staff to provide unnecessary support and omitted an identified need, and when we looked at the 'complaints, control and procedures' file reference was made to people using only their first name. This meant it was not always apparent to whom investigations referred.
- During our inspection staff reflected a friendly open and transparent culture and the people we spoke with told us they believed they received a good service. One person told us, "I never thought I'd be satisfied but I am. Fully. I didn't expect it, you hear so many bad things about care workers but mine are fantastic." Another remarked of the care staff, "They are gems. Every one of them."
- People told us they had regular contact with senior staff and managers. They told us office staff were friendly polite and helpful. One person told us, "The girls in the office go out of their way, for example, sorting out a social worker for me when I was having some problems."
- Policies and procedures were regularly revised to ensure that they stayed in line with current legislation and best practice.

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

- It is a requirement under The Health and Social Care Act that the manager of a service like Harbex Nursing and Care is registered with the Care Quality Commission (CQC). However, when we visited we found a manager had been appointed at the end of February 2019 but had not yet registered with CQC. They had begun the registration process. The manager had worked for the service for over twelve years. When we asked, people told us that the manager was, "Very good, a caring person" and "She is very accommodating. Any changes I have, such as if I want to change the time of visits, she is always helpful."
- The provider understood their duty to report any issues affecting the service, such as safeguarding concerns or serious incidents to the Care Quality Commission (CQC).
- Since the last inspection the provider had reviewed the entire structure of the service. To accommodate changes, he had reduced the geographical area to focus on one specific local authority. Daily visits for care staff had been reorganised in zones, which reduced travel time and allowed for greater consistency in support. When recruiting staff, the service recognised that people needed a work life balance. Staff told us

that they generally worked the hours which suited them, for example they could choose to work early shifts to allow them time in the afternoons and evenings.

- The service had recently appointed three new 'key worker' roles. Key workers were recruited to support the manager; each would take responsibility for a number of people, overseeing their care and support needs and ensuring documentation was up to date. This was a new system and had only just begun at the start of our inspection.
- Managers and senior staff undertook spot checks to observe the care and support provided by care staff. Observations of practice recorded aspects of service delivery such as staff presentation, interactions with people, and practical skills. However, when we reviewed these checks we found they were inconsistent; some staff had been observed on a number of occasions close together, whilst others had not been observed at all. The senior field coordinator informed us that they were working on a matrix to ensure that all staff were checked on a regular basis.
- Care staff told us that Harbex was, "A good company to work for. The manager is approachable, fair and supportive. Nothing is too much trouble, and she understands personal problems. I know she respects my confidentiality."

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

- People were asked to comment on the service they received during spot checks, and Harbex Nursing and Care completed annual surveys and asked people to complete questionnaires. We saw that there had been a good response to the most recent survey, which showed a high level of satisfaction. Analysis of trends showed an increase in satisfaction levels since the previous year.
- Care staff were seen to be engaged and involved. They told us that they were able to share their views and did not need to wait until their supervision sessions to discuss issues affecting their working practice.
- Care plans identified any communication needs people might have.

Continuous learning and improving care:

- The service had systems in place to monitor the quality and safety of the service. Regular audits were undertaken to ensure the service maintained high standards. Quality assurance checks were carried out to check records were accurate and up to date. Where errors were identified appropriate action was taken to correct the mistakes.
- Where accidents, incidents and concerns were identified, actions were taken to prevent any future reoccurrence. We saw the service was beginning to use information from incidents to identify trends and patterns so information could be used to improve the quality of service delivery.
- The service maintained up to date policies and procedures which were available in the main office for all staff to consult.

Working in partnership with others:

- The service worked closely with commissioners to ensure that the service they provided was consistent with local authority and national guidelines and met the assessed needs of people who used the service.
- The provider attended local care provider forums and workshops to ensure that they maintained up to date knowledge and understanding of current best practice.
- Records showed that staff communicated effectively with a range of health care professionals to ensure that the person's needs were considered and understood so that they could access the support they needed.