

Harino Care Limited

# Harino Care Limited Head Office

## 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?

Good ●

# Summary of findings

## Overall summary

This inspection took place on the 17 and 19 January 2017 and was announced.

Harino Care Ltd is a domiciliary care agency. Care and support is provided to people in their own home to promote their independence and well-being. At the time of the inspection the agency was providing a range of care packages to 88 people.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

People told us that they felt safe with staff and would be confident to raise any concerns they had. The provider's recruitment procedures were mostly thorough and medicines were managed safely. There were sufficient staff to provide safe, effective care at the times agreed by the people who were using the service.

There were procedures in place to manage risks to people and staff. Staff were aware of how to deal with emergency situations and knew how to keep people safe by reporting concerns promptly through processes that they understood well.

Staff received an induction and spent time working with experienced members of staff before working alone with people. The induction process corresponded with the 15 standards that health and social care workers need to complete during their induction period. Staff were supported to receive the training and development they needed to care for and support people's individual needs.

People and their families were mostly very complimentary of the services provided. The comments we received demonstrated that people felt valued and listened to. People were treated with kindness and respect whilst their independence was promoted within their homes and the community. People received care and support from familiar and regular staff and would recommend the service to other people.

People's needs were reviewed regularly and their care and support plans promoted person-centred care. Up to date information was communicated to staff to ensure they could provide the appropriate care and support for each individual. Staff knew how to contact healthcare professionals in a timely manner if there were concerns about a person's wellbeing.

The provider had a system to regularly assess and monitor the quality of service that people received and identified areas for improvement.

## 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.

Staff knew how to protect people from abuse.

People felt they were safe when receiving care and support from staff.

The provider had emergency plans that staff understood and could put into practice.

There were sufficient staff with relevant skills and experience to keep people safe.

Medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

People were involved in their care and their consent was sought before care was provided. They were asked about their preferences and their choices were respected.

People were supported by staff who had received relevant training and who felt supported by the registered manager and the provider.

Staff sought advice with regard to people's health, personal care and support in a timely way.

### Is the service caring?

Good ●

The service and staff were caring.

People were treated with kindness and respect. Their privacy and dignity was protected.

People were encouraged and supported to maintain their independence.

People were involved in and supported to make decisions about

their care.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Staff knew people well and responded to their individual needs.

People's assessed needs were recorded in their care plans that provided information for staff to support people in the way they wished.

There was a system to manage complaints and people were given regular opportunities to raise concerns. □

### **Is the service well-led?**

**Good** ●

The service was well-led.

There was an open culture in the service. People and staff found the registered manager approachable, open and transparent.

People were asked for their views on the service. Staff had opportunities to say how the service could be improved and raise concerns.

The quality of the service was monitored and action taken when issues were identified.

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## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 17 and 19 January 2017. It was carried out by one inspector. We gave the service 48 hours' notice of the inspection because we needed to be sure that relevant staff were available.

Before the inspection the registered manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the PIR and at all the information we had collected about the service. This included previous inspection reports and information received from health and social care professionals. We also looked at notifications the service had sent us. A notification is information about important events, which the service is required to tell us about by law.

We spoke with the registered manager, the nominated individual and three members of the office based staff in person. We also spoke in person with six members of the care staff including one senior. Additionally six care staff sent us feedback in writing about their experiences of working for the agency. We contacted eleven professionals for feedback about the service and received three responses. We also had a telephone conversation with a member of the quality monitoring team from the local authority who had worked alongside the service for about a year to assist them to make improvements. Four people and five relatives of people who use the service gave us information about the quality of the service that was provided by Harino Care Ltd.

We looked at six people's records and documentation that was used by the service to monitor their care. In addition we looked at five staff recruitment files and staff training records. We also saw a range of other

records used to measure the quality of the services.

## Is the service safe?

### Our findings

People were safe at Harino Care Ltd. One person said, "I do feel safe in their hands." Another said, "I am a very grateful service recipient, the carers and management are at all times, respectful and cognisant of correct safety procedure." Relatives also spoke about their family members being safe in the hands of caring and attentive carers, (staff). One relative in response to whether their relative was safe stated, "Yes. The staff are kind and polite to the family and my mother who needs care." People were protected against the risks of potential abuse. They informed us that they felt safe from abuse and/or harm from their carers (staff).

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. They informed us that they knew what to do if they suspected one of the people they supported was at risk of abuse. Staff were provided with details of the company's whistle blowing procedure and had the training and knowledge to identify and report safeguarding concerns to keep people safe. There had been three reported incidents of alleged/potential abuse in the previous twelve months. In each case the agency had acted appropriately and provided relevant information in a timely manner.

People informed us that feeling safe included areas such as the prevention and control of infection, confirming that staff always used hand gels, gloves and aprons when they provided personal care. We observed care staff visiting the office throughout the course of the two days to undertake a range of activities including the restocking of person protective equipment. Staff had attended health and safety training that included infection control, moving and handling and fire awareness. The registered manager told us that training was sourced to ensure it aligned with the philosophy of the service and provided staff with the knowledge and skills to fulfil their roles. We were told the availability of training for staff in the local area was not always readily accessible and dates were filled very quickly, however, the company were trying to address this by researching the availability of all training providers.

Staff had received training from more experienced colleagues in the safe management of medicines. The registered manager had reviewed their policies to include a review of their medicine policy, risk assessment and medicine administration records. A medicine risk assessment, where applicable, identified possible risks, support required and outcomes agreed for the person. A senior member of staff had attended training to supervise staff and ensure they were competent before supporting people with their medicine. Where the service supported people with medicines this was set out in their care plans, which detailed whether staff needed to prompt or administer the medicines. In addition, there were clear procedures where specialist medicines or techniques for administration may be needed.

The provider's recruitment procedures were mostly thorough and included application forms, interviews and completion of Disclosure and Barring Service (DBS) checks which were renewed every three years. A DBS check allows an employer to check if an applicant has any criminal convictions which would prevent them from working with vulnerable people. References were taken up from past employers to assess an applicant's previous performance and behaviour in their employment. However, we found that references within two files we reviewed were open, that is to say they were not provided directly in response to a request from Harino Care Limited for information about the persons conduct. This made verification of the

authenticity of the references very difficult. This situation had arisen primarily because the agency recruited a significant number of staff from abroad and relied upon the translated information provided by the recruitment agency they used. Application forms were completed together with face to face telephone interviews prior to the person coming to the UK. The requirements of the regulations were pointed out to the registered manager. As a result of these discussions action was taken immediately and by the second day of the inspection verification of the references had been sought in writing and was awaited. A new recruitment audit document had also been implemented within this time which was compliant with the regulations. The registered manager informed us that the two members of care staff in question had proved to be very effective and caring staff which was confirmed from spot check documentation within their individual files. There had been no adverse impact on people as a result of these recruitment omissions. The registered manager confirmed that no future applicants would commence employment until at least two relevant and verifiable references had been received.

There were enough staff employed by the agency to safely meet peoples' needs within the timeframes of their care packages. Staff consistently told us that they had sufficient time to undertake their duties with each person and that calls and routes were well planned with reasonable travel time. In addition, staff told us that if there was a justified reason why a call ran over the allocated time staff got paid for the extra time spent. The agency paid staff from the start of their duty until the end including all travel time. A system had been introduced to promote and encourage efficient time keeping.

Any identified risks to people were included in their care plan together with guidance for staff on how to manage and/or minimise the risks. The paperwork used to capture risks and management plans was subject to review. Current risk documentation was incorporated into support plans and the aim was to ensure that all risks were more readily identifiable. Routine risks included manual handling, medicines, functional capabilities, dietary needs and any likes/dislikes or allergies. Staff safety had been risk assessed and included risks related to staff working alone. All risk assessments were reviewed regularly and included guidance for staff on what to do to minimise any identified risk, such as environmental risks within people's homes. There were on call numbers and guidance available for staff should there be an emergency. People we spoke with confirmed there were contact numbers for the agency within the records kept in their home. The agency provided a leaflet and a fridge magnet to each person which including relevant contact numbers.

## Is the service effective?

### Our findings

People informed us that they received care and support from friendly, familiar and consistent staff. They told us staff were, "Always on time and mindful of the importance of prompting my thrice daily med's requirements, all carers are very attentive and will notice if my mood swings are upsetting me, quick and calm to reassure me and note and take appropriate action." Another person said, "I am very comfortable and relaxed during and after my visits, the management keep me informed of any procedural changes." Yet another commented, "The carers are updated from management and this was shown perfectly last week when I had (a procedure) and was bleeding all week and they were all informed." The registered manager told us that they would not consider calls that were insufficient in time to allow staff to undertake their duties to a very good standard.

Staff were rostered to cover calls to each person's home at variable times of the day using an electronic system. This system worked on a clear monthly rota pattern. Each week's calls were allocated and provided to staff at least one week in advance. Staff stated that they were allocated travel time between calls that enabled them to arrive on time and stay for the agreed length of time. One person told us, "The carers are on time if a situation occurs beyond their control they phone and advise you." A member of staff told us, "There is no problem with communication so when I need something the company try to solve it." Another said, "Any new rounds or clients we do with a supervisor. We are not sent to new clients without any information about them or without a supervisor."

Changes in people's health and or well-being prompted a referral by the service to the appropriate health or social care professional and examples were evident within people's records. People who required support with their meals received assistance from staff within an appropriate timescale to promote their nutritional needs. This included time to prepare meals and ensure that food and fluids were available and accessible between the calls. People's dietary requirements, where relevant were recorded and monitored.

People said that staff had the skills and knowledge to give them the care and support they needed. One person told us, "The carers seem to be well trained and all work to a similar standard." Relevant policy and procedural information was provided within a staff handbook which was made available to all staff. Flash cards had been introduced for all staff highlighting important information about topics such as recording and prompts for basic duties required for different types of calls. Staff told us that they had received a thorough induction that enabled them to support people confidently and promote their independence. They told us that they completed regular updated training, attended staff meetings and received one to one supervision that supported their development needs. An annual performance appraisal system had recently been introduced. Spot checks were carried out to ensure that the care provided was of a good standard. It was planned that these would be carried out together with one to one supervisions every three months for each member of staff and at least every six months. One staff member told us, "Training is good. Staff meetings are every month. I do my NVQ (National Vocational Qualification) and different training like catheter care/moving and handling. I would like more training to be provided." We were told that all spot check visits were known about in advance by people but not by the staff. Staff meetings recorded attendance and we were told that staff turnout at meetings was running at between 90 to 95%. The agency

benefitted from a low rate of staff sickness which supported effective deployment of staff.

The registered manager stated that as part of staff's initial induction they did not work alone unsupervised until they were confident within their role to support people. The service used a specific form to capture feedback about performance and to identify any training or support needs. The staff induction had been reviewed by the registered manager and was in line with the care certificate. The care certificate is a set of standards that health and social care workers need to complete during their induction period and adhere to in their daily working life. The service had a room for training and meetings. Staff training linked with the standards and included for example, awareness of safeguarding, dementia and food hygiene/handling. There was an ethos of developing staff and promoting them to more senior roles when appropriate. Pay rates reflected the degree of responsibility and a training rate was paid to those staff who supported new staff by shadowing. The registered manager told us that they planned to continually improve staff opportunities to access and promote further learning and development. We were told that 10 care staff were awaiting commencement of level 2 or 3 national care qualifications, five of whom were due to meet with a training assessor. Other recent training staff had received included catheter care and end of life care was planned.

People, their relatives and staff described communication as very good. Any changes to the roster or to people's needs were communicated without delay to relevant staff and relatives. Relatives told us that they were nearly always kept informed of any changes or incidents. One relative told us, "If there are changes to the schedule I am informed and have generally reached an adequate resolution." One person told us that "The carers are on time if a situation occurs beyond their control they phone and advise you."

There had been a range of initiatives to support the efficient running of the agency and to provide support and retention incentives to staff. The company had 20+ cars for use by care staff to enable them to carry out their visits. The company used a tracking system which identified where staff were located at any given time. This had been very useful in the event of breakdown or adverse weather so that staff could be found and provided with assistance. Parking permits were available for staff who were covering calls within the borough of Reading. All staff were eligible for a bonus system for completing their scheduled calls within agreed times. In addition, all staff benefitted from annual gym membership or back massages once per month.

The service had a clear understanding of the Mental Capacity Act (2005). 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. We checked whether the service was working within the principles of the MCA. The registered manager and all care staff had received mental capacity training. At the time of our visit, no one was being deprived of their liberty or lacked capacity.

## Is the service caring?

### Our findings

People were treated with care and kindness. Staff were knowledgeable about the people they cared for, their needs and what they liked to do. One person told us, "I am amazed at how caring the carers are and how they manage my calls and take all my medical needs into consideration as well as my family." Care plans contained some information about people's personal preferences. People said staff were caring when they supported them. One person commented: " Within just 1 day of being with Harino care the difference was amazing and I saw what carers should be like and felt very happy that I was in good hands." Relatives told us staff were caring when supporting their family members. One relative commented, "Although my mother speaks very little English, the staff are empathetic to her needs and aim to respond to my mums' request as best as they can." The vast majority of staff feedback indicated that people were always treated with respect and care staff were kind and caring towards their clients. Several commented that the company had always shown them respect and they felt cared for and were shown kindness and understanding by management staff.

Staff spoke about the importance of getting to know people well. They felt working as part of a team of regular care workers for the people they supported was essential. They said it meant they became familiar with people's needs and the way they liked things done. They went on to explain this helped them do things exactly how the person liked. Another staff member told us knowing people was important and allowed them to notice subtle changes in people's health or behaviour. The majority of staff had regular rounds which supported increasing knowledge of people's individual needs.

People's diverse needs and how to meet them were contained in people's individual care plans. Staff told us this included any cultural and spiritual needs where they had been identified. People said they had been involved in planning and reviewing their care. Care plans included an area for people to sign to confirm they had been involved in care planning. The registered manager and senior staff kept in regular contact with the person or their relative, with their permission, by phone and in person. Written notes in the electronic care plan recorded all communications.

The registered manager told us as a company they frequently worked alongside care workers and also carried out regular spot checks of care practices. Whenever possible people were introduced to staff before they worked with them independently. This meant people were provided with care and support from someone they had previously met and spoken to. Shadow visits also helped staff get to know people and their preferences. The registered manager told us they believed care staff were committed to maintaining people's well-being and were very alert to people's changing needs. Records seen and staff confirmed that unannounced spot checks were periodically undertaken whilst they were working with individuals in their homes.

We saw staff meeting records which confirmed that staff had been reminded about their conduct and what the agency required of them. Other areas for discussion included changes to people's needs, forthcoming training and any changes to the rota. We noted that people's identities were protected within the meeting minutes with initials being used to ensure this.

People's confidentiality was respected; staff understood the provider's policies and knew who they could share information with. People's care records were kept secure in locked cabinets in the office. The registered manager told us staff were fully aware of their responsibility not to disclose people's personal information to anyone, and not to refer to other people who use the service when in a person's home. People told us they had no concerns about confidentiality and said their care workers were always discrete.

## Is the service responsive?

### Our findings

People had individual care plans developed from an assessment carried out prior to them using the service. The catchment area for referrals was flexible and dependent on the availability of staff. Care plans were detailed and contained some information about people's individual wishes, likes and preferences about how they were supported. They gave guidance to staff with regard to supporting people in all aspects of the care the service was responsible for. They also helped to ensure people remained in control of their lives. Reviews of people's care plans were undertaken annually as a minimum or whenever people's needs changed. There was a periodic review of daily care notes which were used to improve record keeping overall. People told us they were involved in the reviews and had the opportunity to discuss their care and request changes.

The majority of care packages were referred by the local authority. We spoke with the care co-ordinator who described a clear system to respond to all new referrals. As much information was obtained as possible from the referring agent which included a telephone discussion if required. We were told that the agency would not take a new client where no care plan had been provided. As part of the agency's assessment, relevant family members would be involved as part of the information gathering process which included a visit to the prospective client. The agency's own documentation including appropriate risk assessments would be completed and an individual care plan would be prepared. Overall staff felt that there was sufficient information within care plans to provide them with direction on what to do and people's preferences and wishes. We were told of rare situations where people had been discharged from hospital with little information but it was usually only senior staff who started these packages.

Staff told us how they responded to people's changing needs. They said they wrote any concerns in the daily notes and informed the office immediately. They told us the office would then inform the next care worker due to visit the person and take action if a review of care was needed. Daily notes were of a reasonable quality and there was evidence that these had been reviewed and improved over time. They described people's health and well-being as well as the tasks completed. Daily records were audited by the registered manager or the care co-ordinator on a periodic basis dependent on the level of care provided. Any issues were noted and addressed with individual members of staff and more generally within staff meetings.

People and their families told us they had the information they needed to know what to do and who to go to if they had a concern or a complaint. The service had received one formal complaint during the previous 12 months. Records demonstrated that this had been dealt with appropriately. We saw several recorded compliments that the service and individual staff had received. One compliment had been from a family who had not been happy at the commencement of the care package. As their confidence grew in the competence of the company and the care staff they engaged more positively and were very appreciative of the care given to their relative who had since passed away.

The complaint procedure detailed that complaints and concerns would be taken seriously and used as an opportunity to improve the service. An investigation form had been implemented to capture relevant information and the procedure followed in the event of concerns being raised. A copy of the template had

been requested by the local authority for sharing with other providers as an example of good practice because the robustness and quality of the document was regarded as very good. A quality officer from the local authority told us, "Harino will contact (local authority) and care managers if there are concerns that need to be addressed or care packages reviewed." A commissioner from another local authority, although having little contact with the company, told us that there had been no concerns received about the service for some time.

## Is the service well-led?

### Our findings

People and their families were complimentary of the services provided by Harino Care Ltd. They told us that the agency listened to what they had to say and acted on this to promote person centred care and improve services. Comments from people about the services included, "I am happy with the care service provided." A person's relative said, "Overall, without being overly thorough, the carers do operate proficiently given there are time constraints, and I am satisfied with the service." A local authority quality officer said, "I find the management team accessible and willing to engage and improve their service. The office team has expanded and developed to support both staff and clients." Another social care professional told us in response to a question about management accessibility, "Yes, I have never struggled with this – they also respond to my emails."

The feedback we received from people, their families and staff identified a positive culture, which was person centred and demonstrated a good understanding of equality and respect. The registered manager and office staff were praised for their responsiveness and caring attitude by staff. There was an atmosphere of continuing improvement amongst all the staff that we spoke with.

People benefitted from a staff team that were generally happy and well supported in their work. Staff told us they enjoyed working for the service. They were confident they could take any concerns to the management and would be taken seriously. They were certain managers would take action where appropriate. Staff members told us their management team was accessible and approachable, even at night, and dealt effectively with any concerns they raised. They also said they would feel confident about reporting any concerns or poor practice. Staff told us the manager was open with them and always communicated what was happening at the service and with the people they support. All people or their representatives now received a periodic newsletter which covered topics such as security, timing of visits and the rationale for spot checks.

Care plans, daily records and associated risk assessments were reviewed on an ongoing basis and any changes were recorded on the care plan and in daily records. This was an area that had improved with the appointment of additional office based staff whose role it was to assess and organise care calls and to support staff. Staff training was monitored and reviewed regularly by the use of a training file for each member of staff. Currently most training for the service as a whole was included under the heading of mandatory training. This record was also used to record staff supervision and spot checks. The registered manager told us consideration would be given to the completion of a unique overall training matrix for the service which would provide an at a glance record of all staff training completed and planned.

Quality assurance systems were in place to monitor the quality of the service being delivered. The service had made telephone calls to people sometime after starting the care package to gain their views of the services provided. We did see some of the feedback provided which overall was positive about the care provided and the responsiveness and efficiency of the agency. Periodic unannounced spot checks were undertaken to observe the care practices of staff and to gain people's views. The service kept people and their relatives informed on what was happening with the service. No calls had ever been missed and the

timeliness of calls had improved overall and was monitored closely to keep late or early visits to a minimum. Where calls may be late due to unforeseen circumstances there was a system for ensuring that people were informed of when and how long they would need to wait. However, we did receive feedback from one person to say that they were not always informed when staff were running late.

The service had worked closely with a quality officer from the local authority. This had taken the form of approximately three monthly visits to review an action plan for improvement. The registered manager pointed out that the remaining actions were those that the service had raised as improvement ideas and were not as a result of concerns on the part of the local authority. We saw that as a result of a safeguarding situation which involved alleged misuse of a client's funds a more robust recording system had been introduced. This involved staff providing photographs of receipts and details of transactions which were entered onto the electronic monitoring system.

All of the service's registration requirements were met and the registered manager was aware of incidents that needed to be notified to us. Records were up to date, fully completed and kept confidential where required.