

Harp Care

Harp Care

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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

The inspection was announced and took place on 26 February 2018.

Harp Care is a domiciliary care agency. It provides personal care to people living in their own houses in the community. It provides personal care to people with a variety of needs including older people, younger adults, people with a learning disability and physical disability. At the time of the inspection, 13 people were using the service.

Not everyone using Harp Care receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. Twelve people were being provided with 'personal care'.

At the last announced comprehensive inspection in December 2016, we judged that improvements were required in delivering a safe and well-led service. During that inspection we found the provider to be in breach of the regulation related to fit and proper person's employed. This was because the registered manager had not completed all the appropriate and standard safety recruitment checks to ensure staff were safe to provide care to people. We also found the provider to be in breach of the regulation related to governance. This was because the registered provider had failed to establish and operate effective systems to ensure compliance with the regulations, or to monitor the quality and safety of the service. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions 'is the service safe' and 'is the service well-led' to at least good.

At this inspection we found that improvements had been made to promote the safety and quality of the service. We found that the provider was now compliant with both regulations, however further required improvements were needed and we found one new breach of regulation.

We were told one of the three partners of Harp Care, was also a care worker. We found the partner had not ensured they were appropriately trained to deliver the regulated activity they were providing. We could not assess if people being cared for had been impacted by this and have covered this in the key question, 'is the service well-led'. This resulted in one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report. A service cannot have an overall rating of 'Good' with a breach of one or more regulations in any one key question.

Regular audits and quality assurance checks required further development in order for the service to improve.

The registered manager was unable to explain her responsibilities under the duty of candour. We recommended the registered manager seek guidance on the duty of candour from the Commission's

published guidance for providers.

Staff told us they felt supported and people felt able to contact the office in the knowledge they would be listened to. People who used the service, relatives and care workers all spoke positively of the registered manager and their commitment to the service and people who used it.

There was a registered manager in post. 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 were protected from abuse. Staff followed the provider's safeguarding procedures to identify and report concerns to people's well-being and safety.

Appropriate risk management systems were in place. Staff followed the guidance in place to support people's safely in line with the risks identified to each person's health and well-being.

People were supported by a sufficient number of staff who underwent appropriate recruitment checks.

People received the support they required to take their medicines. Staff knew how to minimise the risk of infection.

Appropriate systems were in place to enable staff to report and learn from incidents that may happen at the service. Staff had access to out of hours' guidance for additional support when responding to an emergency or difficult situation.

Staff received support, supervision and attended training to enable them to undertake their roles effectively. People were involved in the planning and review of their care. Staff delivered people's care in line with their changing needs, preferences and best practice guidance.

People were encouraged to maintain a healthy diet and to have sufficient food to eat and drink. Staff supported people to access healthcare services when required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. Staff sought people's consent before providing care and treatment.

People received care in a manner that treated them with respect and promoted their privacy and dignity. Staff developed positive relationships with the people they supported and offered emotional support when needed.

People and staff commended the registered manager and their care provision. People received person-centred care and benefitted from an open and transparent culture.

People were confident about making a complaint and had received information about how to make their concerns known. The registered manager sought people's views about the service and acted on their feedback.

The registered manager made improvements when necessary to develop the service. There was

collaboration between the registered manager and other agencies to enhance the quality of care provided to people.

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.

People had detailed care plans, which included an assessment of risk. These contained sufficient detail to inform staff of risk factors and appropriate responses.

People were supported by trained staff who knew what action to take if they suspected abuse was taking place.

There were enough staff to cover calls and ensure people received a reliable service. Safe recruitment systems were in place.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

Staff had received training and supervision to carry out their roles.

Consent to care and treatment was sought in line with legislation and guidance. Staff understood the requirements of the Mental Capacity Act (MCA) 2005 and put this into practice.

Staff protected people from the risk of poor nutrition and dehydration.

People had their health needs met and were referred to healthcare professionals promptly when needed.

Is the service caring?

Good ●

The service was caring.

People were supported by kind and caring staff who knew them well.

People were involved in all aspects of their care and in their care plans.

People were treated with dignity and respect by staff who took the time to listen and communicate.

People were encouraged to express their views and to make choices.

Is the service responsive?

Good ●

The service was responsive.

Care plans provided detailed information to staff on people's care needs and how they wished to be supported.

People's needs were assessed prior to them receiving a service.

People were provided with information on how to raise a concern or complaint.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

One of the three partners for Harp Care was not appropriately skilled with the necessary qualifications to deliver the regulated activity.

The provider had improved their quality monitoring processes to promote the safety and quality of the service. Further development of quality assurance systems and audits were required and planned in order to continue to improve the service.

People who used the service and their relatives were asked for their views about the care and support the service offered.

There was an open, positive and supportive culture at the service and the vision and values of promoting independence were understood and put into practice.

Harp Care

Detailed findings

Background to this inspection

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

This comprehensive inspection took place on 26 February 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection was undertaken by one inspector and an expert 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.

Before the inspection, the provider 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 any improvements they plan to make. We reviewed information we held about the service including statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. Statutory notifications include information about important events, which the provider is required to send us by law. We used this information to plan the inspection.

During and after the inspection visit to the provider's head office, we spoke with five people using the service and four relatives. We also spoke to two care staff, a care coordinator and the registered manager. One of the carers we spoke with, the care coordinator and the registered manager formed the partnership of Harp Care.

We reviewed four people's care records and their risk assessments and management plans. We looked at four staff records relating to recruitment, induction, training and supervision. We looked at other records related to the management of the service including quality assurance audits, safeguarding concerns and incidents and accidents monitoring. We checked feedback the service had received from people using the service and their relatives.

Is the service safe?

Our findings

At our last inspection in December 2016, we rated the registered provider as 'requires improvement' in this key question. We identified a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of Fit and proper person's employed. This was because the registered manager had not completed all the appropriate and standard safety recruitment checks to ensure staff were safe to provide care to people. We made requirements for this to be addressed and the provider sent us an action plan. At this inspection, we found improvements had been made and this regulation was now met.

People were protected, as far as possible, by safe recruitment practices. Staff files confirmed that, before new members of staff were allowed to start work, checks were made on their previous employment history and with the Disclosure and Barring Service (DBS). The DBS provides criminal records checks and helps employers make safer recruitment decisions. In addition, two references were obtained from current and past employers. These measures helped to ensure that new staff were safe to work with adults at risk.

People's needs were met safely and in a timely manner. Without exception everyone we spoke with told us they felt completely safe and received safe care. Comments included, "I feel safe because I really know the carers." Another person said, "I only have the carers once a week now to help me shower on a regular basis but if I need to go to the hospital or even shopping I only need to ask and someone is here. They are amazing girls. This gives me security and I feel safe." Another person said, "I am safe, the care is delivered safely." Another person said, "I am never left without access to everything I might need in between visits. I always have everything at arm's length reducing the risk of falls." A relative told us, "It's a real relief knowing that my [person] has such amazing girls to look after him on a daily basis."

Each person had an agreed slot when staff visited to provide their care. Staff told us that they sometimes experienced busy periods. However, they said the care coordinator and registered manager came out to support them when needed. Duty rosters showed there was a regular team that covered normal shifts and absences due to staff training and leave absences. Without exception people told us, visits were on time and nobody had ever had a visit that was more than 15 minutes late. Everyone we spoke to told us they had never had a missed visit.

At our last inspection, we found medicines were not always managed effectively. People with Medication Administration Records (MAR) were not being returned to the office. We found no record of auditing being completed of these records.

At this inspection we found improvements had been made. People were supported to take their medicines safely. People's medication administration (MAR) records were accurate and clear. These were returned to the office at the end of each month to be audited by the registered manager. Staff had assessed each person's ability to self-administer and manage their medicines. People were happy with the prompting and reminding to take their medicines where this was required as part of the care package. Staff monitored and reported to health and social care professionals when they observed that a person was not consistently taking their medicines.

Medicine assessments considered the arrangements for the supply and collection of medicines. They included whether the person was able to access their medicine in their own home and any risks associated with this. Staff were aware of the provider's policies on the management of medicines and followed these. Staff had a good understanding of why people needed their medicines and how to administer them safely. MAR charts contained clear guidance about the use of medicines prescribed for occasional use, such as for pain relief or anxiety.

Staff received medicines training and were able to describe how they safely supported people with their medicines. Training records confirmed that all staff received medication training. However, one of the partners who had been administering medication up until five days prior to our visit was not medication trained. We could not assess if anyone had been impacted by this and have covered this in the key question, 'is the service well-led'. We were given assurances by all three partners of Harp Care that the partner not trained to administer medication would not be delivering any care or support until they had been trained and assessed as competent to do so.

People were protected from the risk of abuse and neglect. Staff understood the provider's procedures about how to safeguard people. They were able to describe their responsibilities to identify and report potential abuse. Staff received safeguarding adults training. People benefited from staff that understood and were confident about using the whistleblowing procedure. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. All the staff we spoke with were aware of how to use the policy.

The registered manager and care coordinator carried out risk assessments on people's health and well-being and reviewed these when there were changes to their needs. Records showed staff had sufficient guidance about how to provide safe care to people. Where people were diagnosed with specific health conditions, such as diabetes, the registered manager had completed a detailed support plan with the person to minimise the risks, for example; what action staff needed to take if the person was unwell and guidance of what a person's blood sugar levels should be. Staff were able to explain what levels are healthy and when a GP would need to be contacted, in accordance with people's diabetes support plan.

We also found that people who could not manage to eat and drink orally and who had feeding tubes (PEG) (percutaneous endoscopic gastrostomy) in place received safe care. These involve placement of a tube through the abdominal wall into the stomach or direct to the intestine through which nutritional liquids and medicines can be infused, when taking in food and drink orally was limited or no longer possible. Staff were knowledgeable about the management of these; staff had been trained in this area. The care plans for supporting people with their PEG included the type and timings of feeds, positions people needed to be in when receiving food and fluids and bed elevation afterwards to reduce risk of choking, additional fluid requirements, tube sizes, rotation of PEG tube and care of stoma sites. People told us and records confirmed they received safe care and were not restricted from taking informed risks.

Staff were consistently able to demonstrate their knowledge of people's needs and risk assessments in relation to specific health conditions, communications, behaviour which may challenge, medicines management, pain relief, personal care, mobility and social contact, which was consistent with the guidance contained within people's care plans.

The registered manager and care coordinator had developed procedures to deal with adverse weather conditions and disruptions to the service's communication systems. They had assessed which people had family members who could support them in an emergency and which people lived alone and would be at high risk. The provider had identified which people they might be able to visit on foot if the roads were

impassable due to snow and had explored other solutions such as the availability of 4x4 vehicles that could be used in adverse weather.

People were supported by staff who followed good hygiene practices. People told us staff washed their hands and changed gloves when performing different tasks such as personal care and food preparation. Staff had access to personal protective equipment such as disposable gloves and aprons to help minimise the spread of infection. The provider ensured staff attended food and hygiene training to guide their practice to protect people from the risk of cross contamination and food poisoning.

People were protected from the risk of avoidable harm. There were processes in place to enable the registered manager to monitor accidents, adverse incidents or near misses. This helped ensure that any themes or trends could be identified and investigated further. It also meant that any potential learning from such incidents could be identified and cascaded to the staff team, resulting in continual improvements in safety. Staff told us they highlighted to the registered manager and care coordinator when they had concerns about areas that could result in incidents and accidents to ensure suitable plans were in place to reduce the risk.

Is the service effective?

Our findings

People's needs were assessed and met in line with the guidance they received from health and social care professionals involved in each person's care. Health and social care professionals were involved in assessing and planning people's needs and the support they required. Staff had sufficient information about people's care and support needs, which the registered manager had gathered before each person started to use the service. The registered manager included in people's care plans the guidance provided by health and social care professionals and ensured staff understood each person's needs and the support they required. People told us and records confirmed that staff delivered care in a manner that met their individual needs according to best practice guidance and legislation.

People told us they had carers they knew well. Without exception people told us, before a new carer visited them on their own, they shadowed another member of staff until the manager was happy they knew what they are doing. People told us, the manager worked alongside new carers to observe their practice. One person told us, "I have quite complex needs and it's great to have carers who know what they are doing without me having to spell it out word for word."

People were supported by care staff who were competent in their roles. Staff received regular training and attended refresher courses to keep their knowledge and skills up to date. This enabled them to provide care that was safe and effective. One member of staff said, "Our manager is always checking we are adequately trained. It's helpful that she is trained to deliver the training, such as medication so we do not have to wait. We are encouraged to keep it all up to date."

Staff received supervision every six to nine months, had daily catch-ups with the care coordinator, and their colleagues about people's needs and felt well supported in their work. Staff had received an annual appraisal of their performance, which identified and set staff's learning and development plans.

People received care of a high standard and according to the provider's procedures. Since the last inspection the care coordinator had carried out spot checks on staff's practice. Staff told us they received feedback about their performance and were happy that the care coordinator was able to demonstrate good practices when needed.

People received support with eating and drinking, meal preparation and food shopping when needed. One relative told us, "I am responsible for doing the shopping but the carers give [person] his meals and between them they make sure he has a balanced diet. They all know just what he likes."

People benefitted from a planned move between services. Health and social care professionals were involved in planning people's transition between services. Support plans were put in place and handovers were done before a person transferred to other agencies and teams such as the hospital team, emergency duty team and falls prevention team. This ensured there was no gap between service provision and that people received the support they required.

People were supported to access healthcare services to maintain their health. Staff contacted emergency services when a person's health declined and in addition informed other health and social care professionals involved in their care. Care plans identified when staff needed to monitor people's health in areas such as weight loss and non-compliance with their medicines and the action to take. Records showed people were seen by their GPs, district nurses and were supported to attend hospital appointments when required.

Staff worked in close partnership with other agencies who provided people's care. This ensured that people received support that was coordinated to achieve best outcomes. Records showed people benefitted from the coordination of their care because appropriate arrangements were put in place before they were moved on or accepted care provision from Harp Care.

People's home environments were adapted to meet their care needs. A person who remained in bed for long periods was supported to access an appropriate bed to reduce the risk of skin breakdown. Staff involved appropriate professionals and agencies when they had concerns with the safety of a person's environment. This ensured people received the support and equipment they required to enable them to live in a safe environment.

Special equipment was in place to promote people's independence for example people had in their homes talking clocks and watches. We were also told the provider had helped facilitate the use of sensory equipment so it was easier for a person to use their laptop. This enabled the person to be able to communicate online when needing additional support. Another person who had spent considerable time in bed told us, the provider had supported them to access the use of a wheelchair so they could access their garden. The person told us this had meant a lot to them and had significantly improved their quality of life.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. People had signed their care and support plans to show they were involved and in agreement with the service to be provided. Staff ensured they obtained people's consent to care and treatment and reported to the office when a person was unable to make decisions about their care. Assessments were carried out to ensure decisions made were in people's best interests.

The Deprivation of Liberty Safeguards (DoLS) requires providers to identify people who they are caring for who may lack the mental capacity to consent to care and treatment. They are also required to notify the local authority if they believe that the person is being deprived of their liberty. The local authority can then apply to the court of protection for the authority to deprive a person of their liberty, within the community in order to keep them safe. This provides a process to make sure that providers only deprive people of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them.

At the time of the inspection, the registered manager had not needed to notify the Local authority about any person that they provided a service to. The registered manager demonstrated to us that she had a good understanding of this legislation.

Is the service caring?

Our findings

People were highly positive about the caring and kindness of their care delivery. Comments included, "I have needed carers for a long time now and have used other care companies and they are not a patch on this one." Another person told us, "I have the best carers I could possibly want or need they are superstars."

One relative told us, "Although they [carer's] come and do things for [person] the carer's always make sure that I have everything that I need as well." Another relative told us, "Angels that's what they [carer's] are. They really care about [person] and me nothing is ever a trouble at all to any of them." Another relative told us, "I have two loved ones, who are cared for [by Harp Care] and I have the utmost confidence in the carer's who look after them, they all really care."

Staff told us they provided emotional support for people and made referrals to health and social care professionals when needed to have their needs addressed. Staff had started to undertake training in dementia, supported by a care coordinator, to understand how the condition had an impact on the lives of the people they supported.

People were involved in the planning of their care and were happy that staff delivered support as they wished. People told us staff talked to them and asked how they wanted their support delivered.

Care plans had sufficient detail about people's background, medical history, family and health and social care professional's information and emergency contact details. Records confirmed staff delivered people's care as planned and in line with their preferences. One person told us, "Nothing is a trouble, the carers go over and above to make sure that I have everything needed. For example, prescriptions collected and shopping done."

People had access to their care plans and information about the services available to them. People were supported to access befriending, counselling and advocacy services to ensure they had the right support. Without exception, relatives told us, the manager phoned relatives on a regular basis to keep them involved in people's care and updated them on information agreed by the person.

Each person had a communication care plan, which gave staff practical information about how to support individual people who could not easily speak for themselves. The care plan gave guidance to staff about how to recognise how a person felt, such as when they were happy, sad, anxious, angry or in pain and how staff should respond. People told us staff communicated with them in an appropriate manner according to their understanding.

Without exception people and their relatives told us care was delivered in a dignified and compassionate manner. Staff respected people's privacy and one person commented, "I am treated with the utmost respect at all times and when I am being showered I am kept covered so my dignity is protected at all times."

Staff were able to describe how they respected people's privacy by providing personal care behind closed

doors and respecting their decisions on how they wanted their care delivered.

Is the service responsive?

Our findings

People received care that was appropriate to their individual needs. Staff updated the care coordinator everyday about any changes in people's health conditions and their support needs after each home visit. The care coordinator reviewed people's care needs and updated their support plans daily and when needed. This ensured staff had appropriate information to enable them to meet each person's individual needs.

One relative told us, "My [persons] care is very person centered, the carer's listen to her needs, she is treated very much like an individual almost like a sister to them."

Staff told us they understood the information provided in people's care plans and had sufficient details about how to deliver their care. People told us staff were flexible to their requests for changes to their visit times and additional support when required.

The care coordinator and staff prioritised visits to people according to their needs and accommodated medical and social appointments. Staff informed the care coordinator if they needed to spend more time with a person, who reassigned their next calls to colleagues to minimise delays and missed visits. Records showed that staff provided people's care in line with their changing needs.

People were provided with a 'Service User Guide', which contained information about the provider, including the values and who to contact with any questions they might have. All of the people we spoke with confirmed they knew who to contact at the service if they had queries or changes to their care needs.

People were able to make a complaint and raise concerns about their care. Without exception people all knew who the manager was and she was always able to be contacted if necessary. People told us if their telephone calls were not answered straight away she always rang back as soon as possible. One person told us, "I do know how to complain but I can't ever imagine needing to they [Harp Care] are brilliant."

People said they felt confident discussing issues about their welfare. They told us they were happy in the manner that their issues were resolved.

The registered manager visited people and contacted them by telephone to find out if they were happy with the way staff provided their care. Feedback from people using the services and their relatives was positive. One person told us, "I get a phone call most weeks just checking everything is ok for us, it's so reassuring."

People who were at the end of their life received compassionate care. Staff told us they ensured they made them comfortable. Staff worked with other agencies who provided palliative care to people and ensured they supported them in line with the guidance in place.

Is the service well-led?

Our findings

At our last comprehensive inspection in December 2016, we rated the registered provider as 'requires improvement' in this key question. We identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of Good governance because systems and processes had not been operated effectively to assess, monitor and improve the quality and safety of the service. We made requirements for this to be addressed and the provider sent us an action plan.

At this inspection, we found improvements had been made and the regulation was now met. However, further required improvements were planned to ensure governance systems were consistently effective and sustainable.

A partner is required to have the necessary qualifications, competence and skills to carry on the regulated activity. We were told one of the three partners of Harp Care, was also a care worker. We found the partner had not ensured they were appropriately trained to deliver the regulated activity they were providing. For example, the partner had been administering medication to people over a period of four years, when they had not refreshed their training in this area, and had not been competency assessed in this timeframe. We asked the partner about the Mental Capacity Act and how to respond to safeguarding situations, the information given to us did not assure us, that the partner was knowledgeable in these areas. We could not assess if people being cared for had been impacted.

At the request of the inspector we met with the partner to discuss these concerns. The partner was receptive to our feedback and offered assurances that they would not continue to deliver care and support until trained and assessed as competent to do so.

Following the inspection we received sufficient evidence that the partner had started their training programme to complete the mandatory training agreed by the partners of Harp Care. The partner told us, "I messed up, I should have done the training, I lacked confidence and actually now that I have started the training, I am really enjoying it. Legislation has changed since I last did the training, for example COSHH, and this has been interesting to learn more about." The partner told us they were not familiar with Regulation 4 and their responsibilities to it. The partner's agreement to start a training programme to refresh their knowledge and skills was as a result of our visit, and not because of a planned training regime.

The above concerns constituted a breach of Regulation 4 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager was unable to explain her responsibilities under the duty of candour. This regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

We recommend the registered manager seek guidance on the duty of candour from the Commission's published guidance for providers. This is published on the Commission's website.

The registered provider had improved and implemented changes to ensure staff administered medicines to people safely. People's Medicine Administration Records (MAR's) had been audited to ensure that any omissions and recording errors were identified quickly and improvements made. We saw that plans were in place to record medicine competency observations for all staff. In addition, we saw MAR's were being updated so it was clear what medicines were being administered by staff.

At our last comprehensive inspection in December 2016 we noted that there were no systems in place to monitor recruitment processes. At this inspection we found there had been improvements. We saw that checks to staff files had been improved to ensure that reference checks had been done so that only suitable staff were employed.

The registered manager completed audits and generally took appropriate action to rectify any shortfalls in a timely way. Accidents and incidents were recorded including falls. However, the audits had not been regular. The impact of this meant the reviewing of incidents and accidents to identify patterns to inform care planning or flag up concerns could be delayed. We looked through the accident and incidents and found the lack of regular auditing had not had any impact on the quality of care people received. We spoke to the provider regarding the frequency of audits including, reviewing training, care plans, accident and incidents. We were assured by the providers prompt action following our inspection that they were taking positive steps to make further improvements. The registered manager submitted a new auditing tool that had already been completed for February 2018, which would be completed monthly.

The registered provider had recently introduced systems to review and analyse the information to help them to develop and improve the service. This had improved the registered provider's oversight of the service. We saw that systems were now in place to increase the frequency of 'spot checks' and monitor staff on a regular basis. These involved observing staff providing care to people in their own homes.

At our next inspection, we will assess how changes to their quality assurances processes have been embedded to ensure improvements are made and sustained.

People we spoke with told us they felt the service was well-led and well-managed. People were complimentary, positive and described how staff provided good quality care. One relative told us, they lived a long distance from their family member and that Harp Care had full day to day responsibility for the care of their loved one. They told us, "I don't know what I would do without them; they have given me my life back."

The registered manager told us that they promoted a positive culture within the service that was person centred, open, inclusive and supportive. We saw that records were accessible and available in different formats to meet people's needs. Discussions with the registered manager demonstrated that that they knew people who used the service well.

Staff understood their roles and responsibilities and expressed their confidence in the registered provider. All the staff we spoke with told us they felt valued and well-supported by the provider and that they were enabled to contribute to the development of the service. One staff member told us, "The manager is great, really supportive and is almost in daily contact. She is a good manager. I have never worked for a care provider who is so committed to the people they support." In addition staff felt confident they could raise concerns if necessary and were assured that any concerns raised would be addressed in a timely and professional way.

The registered provider enabled people, relatives and staff to routinely provide feedback about their experiences of the service. Relatives told us they would recommend Harp Care to other people, three of which had done so. Since our last inspection in December 2016 satisfaction surveys had been sent to people and staff. We noted that the most recent survey showed everyone who had responded was happy and positive about the quality of care provided by the staff.

The provider also gave people the opportunity to voice their opinions about the quality of the service during home visits to complete care reviews. This showed that the provider was making positive steps and considering others' comments in order to continually improve the service they provided.

The registered provider told us they had developed supportive relationships with other healthcare providers involved in people's care. For example, working with the Local Authorities and health 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	<p>Regulation 4 HSCA RA Regulations 2014 Requirements where the service providers is an individual or partnership</p> <p>One of the three partners was not appropriately skilled with the necessary qualifications or competence, to deliver the regulated activity.</p> <p>Regulation 4 (1) (5)</p>