

Harlestone Home Care Ltd

Harlestone Home Care Ltd

Inspection report

Brick Barn First Floor Home Farm Business Park
Church Way, Whittlebury
Towcester
NN12 8XS

Tel: 01604419600

Date of inspection visit:
28 November 2019
09 December 2019
10 December 2019

Date of publication:
05 February 2020

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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Harlestone Home Care Ltd is a domiciliary care agency providing personal care and support to 29 people in their own houses and flats.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Complaints had not been recorded. One person had made a complaint that had not been recorded and responded to in line with provider's policy and had resulted in legal action. Another person's verbal complaint had not been recorded but they told us they had received a verbal response. Following the inspection, the registered manager implemented a system for recording monitoring and responding to complaints.

People and staff told us that the service was currently short staffed. This had not impacted on the safety of people or staff, but people told us they were not always getting their calls at their preferred times and they weren't always told by the office team which staff members would be visiting them. The registered manager had a contingency plan which deployed trained office staff to cover care staff shortages.

The registered manager had not consistently maintained oversight of training with some training refreshers now overdue. Staff supervisions had not been completed as per the providers policy. However, these issues had been identified prior to our inspection and systems had been implemented to improve oversight, this would now need to be continued and embedded in practice. Staff received an induction and thorough training prior to working with people.

People were assessed prior to starting with the service. Their religion, culture, likes dislikes and choices were all considered and planned into care. People had personalised risk assessments in place and told us that staff listened to their choices and preferences. Some people could not recall having a review of their care, records showed regular updates were in place. The registered manager felt that this was because reviews are kept friendly and informal to put people at ease. We have made a recommendation around ensuring people are aware when reviews and updates are taking place.

Systems and processes protected people from the risk of abuse. Staff had a good understanding of the whistleblowing procedure and how to keep people safe. Incidents and accidents were recorded, monitored and actioned appropriately.

Medicines were managed safely with regular audits taking place. People told us they got their medicines when they needed them. People were protected from the spread of infection. Risks to people were assessed

and planned into care delivery.

Staff had developed good relationships with people and people found them to be kind, caring and respectful. People were well supported with eating and drinking where needed. The staff and management team worked in partnership with other professionals to ensure people were supported with their health and social care needs in a timely manner.

People's communication needs were considered, and information could be made available for people in easy read pictorial and other languages when required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection

The last rating for this service was good (published 25 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified a breach of regulation in relation to receiving, recording and acting on complaints.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 findings below.

Is the service caring?

Good ●

The service was caring.
Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.
Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.
Details are in our well-led findings below.

Harlestone Home Care Ltd

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses, flats or specialist housing.

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We sought feedback from the local authority. We contacted Healthwatch Leicestershire, Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

We reviewed a range of records. This included two people's care records, two staff files and multiple medication records. We looked at records in relation to training and staff supervision, policies and procedures and a variety of records relating the management of the service. We spoke with the registered manager, the care manager, the care coordinator and the training coordinator. We spoke with three carers and seven people who use the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at staff working hours, a risk assessment and information on the management of complaints.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Staff told us they were working extra hours and their days off to ensure people's care needs were met. One staff member said, "There is not enough staff; a lot of us are working over time." We reviewed staff working hours and found no risks to people's safety.
- Staff and people confirmed that there had been no missed calls, trained office staff were deployed where needed to support the care staff team. One staff member said, "All the workers are fantastic that I work with they are all working hard to keep calls covered." People we spoke with who had help with medicines told us they got their medicines on time.
- The registered manager was open and transparent regarding the difficulties they had experienced with recruitment. They were offering recruitment incentives including free bus passes to encourage applications.
- Safe recruitment processes were in place in line with current legislation. This ensured only suitable staff were recruited by the service. Disclosure and Barring Service (DBS) checks were completed prior to working with people. Where there had been a delay with a DBS application there was a risk assessment in place and the staff member was closely supervised to ensure people's safety. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One relative told us they felt their family member was, "Absolutely safe with the staff."
- Staff were trained in how to recognise and report signs of abuse. One staff member gave us appropriate examples of abuse and told us they had received a copy of the safeguarding and whistle-blower procedure in their staff handbook.

Assessing risk, safety monitoring and management

- Risks to people had been assessed and planned into care and were reviewed regularly. Personalised risk assessments considered risks in the environment and in the delivery of personal care. For example, where risks to people around eating and drinking were identified guidance was provided for staff to mitigate the risks.
- One staff member explained safety checks that they would carry out prior to using equipment such as, checking that hoist slings were in good condition prior to each use.

Using medicines safely

- Medicines were managed safely. Staff told us that they found the electronic medicines charts clear and easy to follow. There were individualised plans for people using as and when required medicines.

- The electronic recording system was programmed to alert the office team immediately if medicines were not given, this meant that prompt action could be taken, and errors were avoided. A weekly stock check of medicines was completed by staff and reported to the office.

Preventing and controlling infection

- People were protected from the spread of infection. Staff had been trained and understood the importance of maintaining a clean environment and thorough hand washing. People told us that staff wore gloves and aprons when supporting them.

Learning lessons when things go wrong

- Incidents and accidents were recorded at the time they happened via the staff electronic application. This meant that the office team and registered manager were alerted immediately. The information was collated for analysis and monitoring, any learning was shared with staff at meetings.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff had not consistently received regular supervision and training updates. The registered manager had identified this prior to our inspection and had recruited a staff member specifically to manage this. Records showed that all staff had received a recent supervision and refresher training was well under way. People told us they felt staff were competent and well trained.
- Staff had received an induction and initial training that ensured they had the skills and knowledge they needed to do their job. Where required specialist training had been provided to ensure that staff could meet people's individual health and care needs.
- Training had included practical sessions in a well-equipped training room where staff could practice their learned skills in a safe environment such as, catheter care, the use of specialist breathing interventions and moving and handling equipment. One staff member told us they had found this very helpful in developing their skills and confidence.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People received a home visit and thorough assessment of their needs prior to starting with the service. People were asked about their lifestyle choices, religion, relationships, culture, likes and dislikes. This was all considered and planned into care.
- There was a second assessment shortly after the care service started. This was so that any adjustments that were needed to the care plan could be discussed with people and the care plan updated accordingly. Staff told us that they were also asked if they felt any changes were needed to ensure people's needs were met.

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

- People who needed staff to help with eating and drinking were well supported. Care plans included people's choice and preferences and people told us they were choosing their own meals and drinks.
- Where risks were identified around eating and drinking such as swallowing difficulty or food allergies these were recorded and guidance was available for staff to ensure risks were mitigated.

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

- People were supported to access healthcare services if needed. The staff and management team worked in partnership with other professionals such as GP's, occupational therapists and pharmacists to ensure people's needs were met. One relative told us that the care coordinator had been very helpful and knowledgeable around the type of equipment that was needed to support their family member and had

assisted in liaising with occupational therapists.

- People's home care files included an emergency grab sheet that could be accessed by other professionals in an emergency. For example, ambulance crew would have easy access to important information such as emergency contact or next of kin as well as current medicines information.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found that they were.

- People were supported in the least restrictive way possible. People's mental capacity was considered during the assessment process. One person had a relative with a lasting power of attorney for them, however, the person could still make decisions around their personal care and had made their own choices, these were recorded and planned into care.
- People and their families had been involved in the assessment and planning process and care plans were signed to consent to care.
- Staff understood people's right to refuse care and support. We spoke with a staff member about what happened if people refused care and support, they told us, "We can't force people to have care."

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People didn't always get calls at the time they prefer. Changes in visit times and staff members were not consistently well communicated. One person told us, "I get my calls changed all the time and don't get told, I don't get told who's coming or when. You never know from one time to the other who's coming. It could be better." We discussed this with the registered manager who advised they would address this immediately with office staff to ensure that people were consulted on changes in their schedule. This would need to be continued and embedded in practice.
- People were making their own decisions and leading their care. One person said, "They listen to me, how I like things done."
- Records showed that regular questionnaires were sent to people. The information was collated and analysed for trends and patterns. The findings were shared amongst the staff team at meetings.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff knew people well and had developed good relationships with them. They told us they got to know people by chatting with them. People told us the staff were kind and caring. One person said, "We have a bit of a laugh." Another person said, "They [staff] are lovely, ever so polite."
- Peoples culture, religion and characteristics were recorded and planned into care. The registered manager recognised that some people may have a religion or culture that care staff were not familiar with. They kept a handbook in the office for staff to access for support, this covered many different religion and cultures and offered guidance on beliefs, food preferences, main festivals and implications for care.

Respecting and promoting people's privacy, dignity and independence

- People told us that their privacy and dignity was respected. One person said, "They [staff] help with the shower, they preserve my dignity and are respectful, they do things exactly how I want them to."
- Staff demonstrated a good understanding of the importance of supporting people's independence. One staff member said, "I encourage people to wash themselves as much as they can." Records showed that independence was encouraged and supported.
- Staff had a good understanding of confidentiality. One staff member explained the importance of not sharing with anyone, what people talked to them about unless the person was in danger or at risk.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- Complaints had not been recorded. Therefore, we could not be reassured that they were responded to in line with the provider's policy. People told us they had made complaints. One complaint had resulted in legal action. At the time of writing the report this remained unresolved. We discussed this with the provider who advised they had only recently become aware of the legal action and would comply with the court decision.

This was a breach of Regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (regulated activities) Regulations 2014

- People told us they knew how to make a complaint to the office team. There was a complaints policy and procedure in place however, some people could not recall being given a copy. One person was not aware of who else they could complain to other than the registered manager.
- Following the inspection, the registered manager implemented an electronic system for recording complaints and concerns. We reviewed a response to a concern and saw that this was resolved to the persons satisfaction.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were receiving personalised care. Care plans detailed choice, religion, culture, eating, drinking, communication and health. Staff supported people as individuals. One staff member said, "The office go out and see people and ask them about their choices and preferences." People told us that care staff listened to them and respected their choices.
- Some people told us they didn't always get calls at the time they prefer. Changes in visit times and staff members were not consistently well communicated. One person told us, "I get my calls changed all the time and don't get told, I don't get told who's coming or when. You never know from one time to the other who's coming. It could be better." We discussed this with the registered manager who advised they would address this immediately with office staff to ensure that people were consulted on changes in their schedule. This would need to be continued and embedded in practice.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Peoples communication needs were considered when planning care. At the time of the inspection there was no one with communication difficulties. The registered manager had a good understanding of AIS. Information could be made available to people in easy read and pictorial format where required and could also be translated into other languages if needed.

End of life care and support

- At the time of the inspection there was no one receiving end of life care. Where people were comfortable in sharing their end of life decisions these were recorded.
- The service had previously worked in partnership with other professionals to support people at the end of their life including, the NHS and local hospices.
- The registered manager and office team had created a memorial book that was available in the office.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Changes to improve oversight of the service were not yet embedded in culture.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Some people could not recall a review of their care plan, however records showed that regular reviews took place. We discussed this with the registered manager, they told us that reviews took place through chatting with people about their care and people may not recognise this as a review of their care.

We recommend that the registered manager ensure they follow current best practice guidance around ensuring transparency with people in decisions around their care.

- Care plans were written with the person at the centre. They considered people's health and care needs, religion, culture, likes dislikes and choices. The care team was small and included staff from the office this meant that people saw familiar faces. People found the staff to be kind and caring and that they respected their choices and preferences.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had a good understanding of the duty of candour and their responsibility. However, people and staff told us that people were not consistently told by the office about changes in their visit times and changes in care staff. This had caused a level of dissatisfaction for some people.

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

- Prior to our inspection the registered manager had identified that training updates and staff supervisions had not been effectively managed. They had recruited a training coordinator to manage this going forward. The training coordinator had worked in partnership with the registered manager to ensure schedules were in place to monitor oversight of these areas going forward. This would need to be continued and embedded in practice.
- Policies and procedures were under review at the time of the inspection. These records had not been reviewed regularly to ensure they were in line with current best practice. For example, there was no policy and procedure available for General Data Protection Regulation (GDPR). The registered manager was aware that they needed to implement a GDPR policy and work on this had started. The registered manager had not registered with the information commissioner's office (ICO) we discussed this with them and they agreed to seek guidance on ensuring they met the legal responsibility.

- Risks to people were managed effectively. For example, there was a contingency plan in place for adverse weather. This included prioritising people in order of need and the use of a four-wheel drive vehicle for deployment of staff. Ice scrapers and de-icer spray was available from the office for staff cars.
- The registered manager had a good understanding of their responsibility to notify CQC and the local authority when needed of significant events.

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

- The registered manager ensured that compliments and praise was shared with the whole staff team. They had compiled a log book that was available for staff to view in the office. Comments included, 'Thank you for the excellent care.' and 'Thank you for the care plan put in place for [person].'
- The registered manager had arranged and funded social activities and transport for people to enjoy since our last inspection. This had included a day out at a falconry centre and a group lunch. They had also started a library service where carers took out a book list on their visits and people could reserve a book that staff would collect from the office and deliver to them.

Continuous learning and improving care; Working in partnership with others

- The registered manager had identified a gap in some of the care staff's cookery skills. They were in the process of arranging cookery classes to support them.
- The management and staff team had provided guidance for a family around supporting their relative. This had a positive impact on the persons health.
- The registered manager and staff team ensured they maintained their professional development and supported people by working with other organisation such as the motor neurone disease association.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints The provider had not recorded and acted on complaints in line with their policy and procedure.