

Harkins Care Homecare Ltd

Margaret House

Inspection report

2 New Road
Hedon
Hull
HU12 8EN

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11 July 2023
13 July 2023

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10 August 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Margaret House is a domiciliary care agency providing personal care. The service provides support to older people and people who may be living with dementia. At the time of our inspection there were 25 people using the service who received a regulated activity. 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 provide a regulated activity, we also consider any wider social care provided.

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

Governance systems in place had not been effective at identifying areas for improvement. Records were not always in place or did not contain sufficient detail. Medicines management was not always in line with best practice. We have made a recommendation about this.

Staff knew people well and knew their individual needs and risks. However, risk assessments were not always in place or were not always sufficiently robust. Accident and incident forms were completed, but the reviews of these had not always been completed. Staff had sufficient PPE and understood their responsibilities in relation to managing the risk of spread of infection.

Staff received an induction and training. However, not all staff had been enrolled on the care certificate as part of their induction. Staff told us they felt well supported in their roles. Pre assessments were completed prior to people receiving their support. 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.

People were supported by kind and caring staff, who they had developed positive relationships with. Staff respected people's privacy and dignity.

People received person centred care in line with their wishes and preferences. However, further information was needed in their individual care plans. People's end of life wishes had been recorded and the provider was developing their end of life care plans.

Satisfaction surveys had been carried out to gather people views, these had been summarised, but no action plan developed. Staff felt well supported by the management team and felt it was a good company to work for. People felt confident to approach the management should they have any concerns.

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

Rating at last inspection

This service was registered with us on 08 April 2022 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement and Recommendations

We have identified breaches in relation to governance at this inspection. Please see the action we have told the provider to take at the end of this report. We have also made a recommendation regarding medicines management.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Margaret House

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 Health and Social Care Act 2008.

Inspection team

One inspector and an Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

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.

Inspection activity started on 11 July 2023 and ended on 19 July 2023. We visited the location's office/service on 11 and 13 July 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people who use the service and 5 relatives about their experience and support they received. We spoke with 6 members of staff, this included the nominated individual, the registered manager and care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed 4 people's care plans and medicines records. We reviewed 3 staff files and a variety of records regarding the management of the service.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Systems were in place for the ordering and administration of medicines. However, we noted concerns regarding one person's medicines as they were running out of stock, meaning they were not receiving these and the providers audits had not identified this. The registered manager took action during the inspection to reduce the risk of this occurring.
- Medicines records had not always been completed in line with best practice. For example, hand transcribed medicines had not always been signed and checked and body maps were not in place for prescribed topical creams.
- When people were prescribed 'as and when' required medicines and variable doses, guidance was not always in place to guide staff when or how to administer this.

We recommended the provider seek advice from a reputable source regarding the management of medicines and record keeping.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk assessments were not always in place or did not always contain sufficient detail. However, staff who supported people knew them well and their individual risks. The nominated individual provided assurances risk assessments would be reviewed.
- Accident and incidents records were in place but had not always been sufficiently completed in terms of action taken to reduce the identified risk and the management review.
- Risk in relation to people's environment had been considered and recorded.
- The management team had implemented a lessons learnt format for any incidents or concerns.

Staffing and recruitment

- Recruitment checks were carried out to ensure staff were of suitable character. However, some records were not always in place when decisions had been made for people to start shadowing prior to their DBS being received, such as risk assessments.
- There was sufficient staff to ensure care calls were covered. People told us staff always turned up on time.
- People confirmed staff stayed their full allocated time on care calls. One person told us, "Yes, they stay the allocated time and if there's any breaks, they will sit with me and have a chat. It's great."

Preventing and controlling infection

- Staff understood their responsibilities to reduce the risk of spread of infection.

- The provider ensured staff had PPE available to them. People confirmed staff wore the appropriate PPE when supporting them.

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training and understood their responsibilities to report safeguarding concerns.
- People said they felt safe with the staff that supported them.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff completed an induction checklist, training and shadowing as part of their induction. However, records of shadowing sessions were not always kept.
- Some staff had not been enrolled on their Care Certificate, the registered manager took action to enroll staff on this during the inspection. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- All staff we spoke with felt well supported in their role. Staff had received supervision in the form of observations and spot checks. One staff told us, "Yes, I feel very well supported, the care coordinators and managers are brilliant I can't fault them. You can ring them, and they answer straight away. I feel very well supported. I have not had a supervision yet but had regular observations and spot checks."
- Staff received a mixture of online and classroom taught training. The provider was passionate about ensuring staff received good training and had recently changed training provider to develop the training.

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

- Pre assessments were carried out prior to people receiving their care and support.
- The provider had access to best practice guidelines and was using these to address feedback given at this inspection to develop the service.

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

- Where people required support with their nutrition, staff supported this. People were happy with their support. One person told us, "Yes, I get meals delivered. I get out what I want and then they look after it for me. Yes, they do know my likes and dislikes."
- If people required monitoring with their fluid and diet intake this was put in place.

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

- Where people required support with access to health care services, staff supported people with this. For example, support with accessing the GP and occupational therapist.
- People were happy with the support they received. One person told us, "Yes, they do get me support with health care. In fact they did, not so long ago. The GP, and he came out to see me."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

- People had consented to their care and support and records were kept in their individual care plans.
- Staff understood their responsibilities to comply with the MCA and gain consent prior to supporting people.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated well, by caring staff.
- People received support from consistent staff who they had developed positive relationships with. One person told us, "Oh, I love them [staff]. I can't tell you; they are so good to me. The 2 girls that come they are so wonderful. I just hope they can carry on doing it."
- The provider told us people's needs, beliefs and wishes were considered as part of pre assessment and would be included in their care plans to ensure they were respected.

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

- People felt involved in their care, they were encouraged to make daily decisions and were involved in their assessments and care plans.
- One person told us, "Oh yes, I am involved, they always ask me what I want and the way I want things doing. We chat all the time, we have quite a good relationship."
- Reviews were carried out to ensure people were happy with the support they received.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected by staff, and they understood their responsibilities to maintain confidentiality.
- People's independence was encouraged. Feedback included, "[Name's] very independent, they are not taking everything from her but making things easier for her. They respect the fact that certain things she wants to do, so make it easier for her to do them." And, "They are always encouraging me to do things, but they help me definitely."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- People received person centred care from staff who knew them well. However, care plans required further information to ensure they contained full information of how people want their care delivered.
- People were happy with the support they received and felt care was delivered in line with their preferences.
- People and staff had developed positive relationships which ensured people received personalised care. One person told us, "Yes, my [relatives name] thinks they are her family, she loves them. She was a hairdresser, so she connects well with them because they do her hair and paint her nails. These staff are in a league of their own."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were considered as part of their assessment and any needs recorded in their care plans.
- The provider had established links so they were able to access information in different formats should this be required.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place. People told us they would feel confident to raise any concerns should they need to.
- When informal concerns had been raised, these had been addressed promptly. However, they had not always been recorded as a concern. The nominated individual took steps during the inspection to improve recording of concerns.

End of life care and support

- People had been offered the opportunity to discuss their wishes for end of life support, should this be needed. The provider had sourced more in-depth end of life care plans for people who wished to complete this.
- Staff had received end of life care training. However, nobody was receiving end of life care at the time of

inspection.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Governance systems in place were not effective. Although audits took place, they had not always identified areas found at this inspection.
- Although medicines audits had been carried out on the medication records we reviewed, they had failed to identify when people were running out of regular stock of medicines and when medicines records were not completed in line with best practice.
- Care plan audits had failed to identify when sufficient person-centred information was not in place and risk assessments were not sufficiently robust or in place.
- There was a lack of oversight of training. They had not identified when staff had not been enrolled on their Care Certificate.
- Accurate and contemporaneous records were not always kept. For example, accident reports management review section and action taken was not completed.

Governance systems were not effective to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The nominated individual and registered manager was responsive to feedback given and started to take action to address the areas identified. They developed a training matrix during the inspection.
- The provider was in the process of a transition of implementing new policies and procedures and records.

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

- Satisfaction surveys had been carried out with people and staff to gather their views. These had been reviewed and summarised, but action plans had not always been developed to use the feedback to develop the service.
- The provider was looking to develop their engagement with more regular team meetings and newsletters.
- People told us they felt listened to, 1 person told us, "Yes, there's never been anything that needed making better. We work together, one thing I would say about the two girls that come. They are absolutely fantastic people, two lovely lasses, really good."

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

outcomes for people

- People received person centred care from staff who knew them well. However, work was required to ensure care plans and risk assessments were person centred as detailed throughout this report.
- People were happy with the support they received and felt well supported by the care staff and management.

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 was aware of her responsibilities to inform people when things went wrong.
- The management team were open and honest during the inspection.

Working in partnership with others

- The registered manager worked in partnership with the appropriate health and social care professionals.
- The provider had held an open day event at the office to raise money for charity and to engage with the local community.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to assess, monitor and improve the quality and safety of the service. The provider had failed to maintain accurate, complete and contemporaneous records.</p> <p>17 2 (a)(c)</p>