

Harlington Hospice Association Limited

Harlington Care

Inspection report

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Harlington Care is a domiciliary care agency providing personal care and support to people living in their own homes. The service offers care to older and younger adults and children. At the time of our inspection 178 people were using the service.

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. There were 28 people receiving personal care at the time of our inspection.

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

People using the service were happy and their needs were met. They were able to make choices about their care and were involved in planning and reviewing this. People had good relationships with the staff, and they told us staff were kind, caring and respectful.

Risks to people's safety and well-being were assessed, monitored and managed. The staff had enough information about people's needs and risks relating to these so that they could care for people in a safe way

People received support to take their medicines when needed.

Recruitment procedures included checks to make sure only suitable staff were employed. The staff were offered training, supervision and support; and the provider assessed their skills and knowledge. The staff felt supported and enjoyed working for the agency.

There were effective systems for monitoring the quality of the service. These included learning from adverse events, responding to complaints and working with other organisations to make sure people received safe care and treatment.

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

Rating at last inspection

This was the first inspection of the service since it was registered in May 2019.

Why we inspected

The inspection was prompted because our systems had identified a potential risk for people using the service. This was partly because the service had not been inspected before.

We found no evidence during this inspection that people were at risk of harm. Please see the safe, responsive and well-led sections of this full report.

Follow up

We will continue to monitor information we receive about the service until we 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 responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Harlington Care

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.

Inspection team

The inspection was carried out by one inspector. We were supported by an Expert by Experience who made telephone calls to people using the service and their relatives. 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider 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.

We started to make contact with people using the service on 1 December 2020. We visited the office location on 8 December 2020.

What we did before the inspection

We looked at all the information we held about the service, including details of their registration, notification of significant events and information we obtained through direct contact with them such as phone calls and emails.

We spoke with three people who used the service and the relatives of 22 other people by telephone. We

received feedback from eight care workers and a representative of the local authority.

During the inspection

We met the registered manager and service manager and other senior staff. We also met the clinical lead from the provider's hospice service, who worked closely with the care agency. We looked at the care records for six people who use the service, the staff files for six members of staff and other records used by the provider for managing the service.

After the inspection

We reviewed information the provider sent us. This included their business plans and a strategic review. We also contacted representatives of another agency who commissioned services from Harlington Care.

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 for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People using the service and their relatives felt safe. They told us staff were careful, professional and cared for them in a safe way.
- The provider had procedures for safeguarding children and adults from abuse. The staff received training so they could understand what they needed to do if they were concerned someone was being abused. Managers discussed this with them and tested their knowledge through supervision meetings and appraisals.
- The provider had responded appropriately to allegations of abuse, working with the local authorities to protect people and investigate these allegations.

Assessing risk, safety monitoring and management

- The provider assessed risks to people's safety and well-being and planned for these. Assessments included understanding health conditions, assessing risks relating to nutrition, choking, moving safely and skin integrity. They had also assessed risks in people's home environments, equipment they used and accessing the community.
- Assessments were clear and included plans for staff to reduce risks and keep people safe. They had been regularly reviewed and updated. This meant staff were able to support people in a safe way because they had information they needed to do this.

Staffing and recruitment

- There were enough staff to meet people's needs and keep them safe. People told us the staff arrived on time and stayed for the agreed length of time. They also said they had the same regular care workers. Records of care confirmed this. The provider had a computerised system where they could log calls in real time. If care workers arrived late or did not arrive for visits, managers were immediately alerted through the system so they could arrange alternative care.
- The systems for recruiting staff were designed to make sure they were suitable. These included interviews and checks on their suitability, such as references, checks on identification and eligibility to work in the United Kingdom. The provider also made checks with the Disclosure and Barring Service which records any criminal records. New staff completed an induction, which included training, shadowing experienced workers and assessments of their competency to make sure they had the skills and knowledge needed for their roles.

Using medicines safely

- People received their medicines as prescribed and in a safe way. There were assessments to describe the medicines people needed and any risks relating to this. Medicines were recorded on electronic

administration charts. Information from these was available for real time viewing by managers and they were alerted if staff did not record administration of a prescribed medicine, so they could follow up why this had not taken place.

- People told us they were happy with the support they received with medicines. Where people were able to manage their own medicines, this was recorded. The staff received training about the safe handling of medicines. The managers carried out observations and assessments to help make sure they were following medicines procedures.

Preventing and controlling infection

- People using the service and their relatives told us staff wore personal protective equipment (PPE) such as masks, gloves and aprons when providing care. They said the staff washed their hands and followed good infection control procedures.

- Staff received training about infection control and were observed to make sure they followed the company's policies and procedures. There was additional training regarding hand hygiene. Staff told us they had enough PPE and there were appropriate systems for requesting and obtaining additional PPE when needed.

Learning lessons when things go wrong

- There were systems for learning when things went wrong. The provider monitored all incidents, complaints and adverse events. The management team discussed these and planned for improvements. The provider discussed some of the recent events and how they had responded to these. We saw they had updated procedures and spoken with staff and other stakeholders to make sure everyone was aware of how to improve the service and to help keep people safe from future harm.

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; Meeting people's communication needs

- People received care which was personalised and met their needs. Some of the things people using the service and their relatives told us were, "[Care worker] tries really hard to meet our needs and requirements", "These are the best carers I have had so far, they definitely respect my dignity" and "Anything I want doing, it is not a problem." People had been involved in planning and reviewing their own care. Relatives told us they were informed about people's care and if there were any problems with this.
- Care plans were clear and detailed with information about the care which people needed and their preferences. These were regularly updated and reviewed. Care plans described the outcomes people wanted to achieve and how staff should support them with these. Records of care which had been provided by the agency showed that care plans were followed.
- People were supported to be as independent as they wished. Care plans recorded people's skills and what they would like to do for themselves. People confirmed the staff encouraged them to do things independently where possible.
- Care plans included information about people's communication needs. For example, if they spoke a different language or if they used equipment to help with communication.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The agency supported some people to access the community. This was appropriately assessed with clear plans about how they should be supported and what they liked to do. Risks, such as using transport and road safety, had been assessed and planned for.
- People using the service and their relatives confirmed the care workers supported them with social and leisure activities. For example, one person told us the care workers played puzzles and games with them. Information about people's hobbies and interests was recorded in their care plans.

Improving care quality in response to complaints or concerns

- People using the service and their relatives told us they knew how to make a complaint and felt confident these would be responded to. One person told us they had raised a concern. They said this was handled well and the problem was quickly resolved.
- The provider recorded complaints and concerns and how these had been investigated as well as action they took to improve the service.

End of life care and support

- The agency worked closely with two hospices run by the same provider. They offered a 'hospice at home'

service for people who wanted to be cared for at home at the end of their lives. They worked closely with the palliative care teams and clinicians working in the hospice to make sure people received the right care and support.

- The staff received training about how to care for people at the end of their lives and had a good understanding about supporting people and their families at this time.

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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People told us they felt there was a positive culture at the service, and they were happy with the care and support they received. Some of their comments and those from their relatives included, "The company has a good heart and they respond well", "They have been marvellous through COVID-19, the carers are well trained and they go over and above", "They are very helpful" and "Nothing is rushed and they are very kind, they treat us like friends and this makes such a difference."
- Staff told us they felt supported and enjoyed working at the agency. They felt the agency provided good care. They told us there was good communication with managers and they felt they made a difference in people's lives.
- The provider carried out regular reviews and monitored how people were being cared for. They asked for people's feedback and responded to this by making changes when needed.

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 provider had a range of different policies and procedures including dealing with accidents, incidents and complaints. They understood their responsibilities under duty of candour to investigate adverse events, communicate with people about these and apologise when something had gone wrong.

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

- The registered manager was also the chief executive officer of the company. They worked alongside the service manager, who was in the process of applying to be registered with CQC. Both were experienced managers who knew the service well and had worked closely with other organisations to monitor and improve quality.
- Feedback about the managers was positive from people using the service, staff and other professionals. One professional told us, "[The service manager] always works in a person-centred way, standing up for people using the service and advocating on their behalf."
- The management team and staff took part in a range of relevant training and kept up to date with guidance and legislation.

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

- The agency undertook regular monitoring by telephoning people using the service and their relatives to ask for their feedback. Before the COVID-19 pandemic they carried out monitoring visits. Although they had reduced physical visits during 2020, they still made sure they had regular contact, and this was documented within care plan reviews.
- The managers kept in touch with staff through video and phone calls, emails and messages. Some of the staff said they would like more opportunities to meet as a team with other workers. We discussed this with the managers who agreed this had been a problem since the COVID-19 outbreak, they told us they were trying to use video calls in a creative way to have team meetings and fun events for staff.

Continuous learning and improving care

- The provider had systems for monitoring and improving the quality of the service. This included regular contact with stakeholders and analysing adverse events. There was a clear business and strategic plan and they had identified where they needed to improve the service.
- In the last year they had developed the way care was recorded and monitored by using a real time electronic recording system. This allowed people using the service to access records about them and provided the staff with up to date information about the people who they were caring for. In addition, it allowed managers to monitor records of care and medicines administration, and when staff arrived and left care visits. This meant they could respond immediately if something did not happen as planned.

Working in partnership with others

- The provider worked closely with other organisations in both providing care and strategic planning to improve services for local people. They were part of a partnership with other health and social care providers who identified areas for developing and improving local services.
- They had worked with other providers on pilots and different initiatives which included identifying and addressing loneliness and providing care to people in the last few months of life. They had regular meetings with hospital discharge teams to make sure there was good community support for people leaving hospital and needing care at home.