

Harrogate Care At Home Limited

Harrogate Care at Home

Inspection report

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Ratings

Overall rating for this service	Good ●
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?	Good ●

Summary of findings

Overall summary

About the service: Harrogate Care at Home provides people with personal care needs in their own home. Some people were supported whilst their main family carer took a break from their caring role. 43 people used the service at the time of the inspection. The majority of people receiving personal care were older people, people with a physically disability or people living with dementia.

People's experience of using this service:

People and their relatives were confident they were in 'safe hands'. Safe staffing levels were maintained. Care visits were arranged to ensure staff had sufficient time to support them safely. Risks to people were identified in their care plans. Risk assessments were not always in place to help identify risks and guide staff in how to manage these.

We have made a recommendation about medicines best practice guidance.

People received an assessment prior to receiving support to help staff understand their needs and preferences. People signed their care plans to indicate their consent to this. Records did not always reflect that the provider had followed the Mental Capacity Act 2005 for people that may lack capacity.

Staff received training and support to assist them with understanding and carrying out their roles.

The provider promoted the values of dignity and respect. People felt these values were reflected in the care they received. Staff understood people's preferences and how to support them effectively while promoting their independence.

People received care personalised to their needs. Staff understood their preferences and adapted people's care depending on whether they were having a 'good' or 'bad' day.

The provider was proactive in seeking feedback from people and their relatives. Complaints were addressed promptly.

The registered manager had completed a range of checks to help maintain safety and quality across the service. They planned to review these to ensure they covered the points we identified.

People and staff were involved in the running of the service. Surveys were used to monitor the experience of people using the service. Staff attended team meetings, where they had the opportunity to make suggestions.

Staff worked with local charities to support people. They understood the role of other professionals, acting on their recommendations and seeking advice when this was needed.

More information is in the Detailed Findings section below.

Rating at last inspection: Good (report published 29 June 2016)

Why we inspected: This was a planned inspection based on the previous rating of the service.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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?

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 well-led

Details are in our Well-Led findings below.

Good ●

Harrogate Care at Home

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: One inspector visited the provider's office. An expert by experience made phone calls to people that use the service and their relatives following the 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. The expert by experience had expertise in dementia and older people's care.

Service and service type: Harrogate Care at Home is a domiciliary care service. It provides personal care to people living in their own homes. It provides a service to people living with dementia, physical disability and older people.

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 72 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started and ended on 18 December 2018. We visited the office location to see the manager and office staff; and to review care records and policies and procedures.

What we did: Before the inspection we reviewed information we had received about the service since the last inspection. We contacted the local authority, professionals that work with the service and Healthwatch; an independent consumer group, which gathers and represents the views of the public about health and social care services.

Providers are required to send us key information about their service, what they do well, and improvements

they plan to make. This information helps support our inspections.

During the inspection we reviewed a range of records. This included four people's care files, three medication records. We looked at three staff files in relation to recruitment and two staff supervision records. We reviewed records relating to the management of the service, such as quality assurance audits and various policies and procedures developed by the provider.

We spoke with the registered manager, owner of the service and two care workers.

Following the site visit we spoke with three people that use the service and five of their relatives. We received feedback from one social care professional.

Is the service safe?

Our findings

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

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.

Assessing risk, safety monitoring and management.

- Risks to people were identified in their care plans. Risk assessments were not consistently used to show how specific risks to people had been identified and were being managed. For example, one person required support to help them change position and maintain their skin integrity. A repositioning chart was in place but no risk assessment to help guide staff in how to support the person and keep them safe. The registered manager advised they were looking at developing their risk assessments.
- The environment and equipment had been assessed for safety.
- People and their relatives were confident they were in 'safe hands'. Comments included, "I absolutely feel that my relative is safe with the staff."
- A procedure was followed to support the safe handling of people's money. One person told us, "I am given receipts, no problem."

Using medicines safely.

- Details were not always available to help staff make decisions whether to administer creams or 'as and when required' medicines.

We made a recommendation that the provider consults and implements current best practice guidance for medicines to support their safe use.

- People's needs were appropriately assessed around their medicines support. Staff were well trained and had their competency assessed frequently. People had received their medicines safely.

Systems and processes to safeguard people from the risk of abuse.

- Staff were aware of their responsibilities to safeguarding people. They described different types of abuse people may experience, such as neglect or discrimination. Staff were confident if they raised concerns these would be acted upon.
- Staff understood how to escalate any concerns to external organisations, such as the Care Quality Commission.
- The registered manager had shared information about 'cold callers' with people that use the service to ensure their safety.

Staffing and recruitment.

- Safe recruitment practices were followed.
- Rotas showed there were sufficient staff to provide safe care to people.
- People told us staff were usually on time for their care visits. When people needed two care workers to

support them this was coordinated effectively.

- Staff told us they had sufficient time to provide safe, person-centred care.
- Contingency arrangements were in place with 'standby' care workers available to provide emergency cover. One person provided positive feedback on how staff had worked in adverse conditions.

Preventing and controlling infection.

- Staff knew when personal protective equipment should be used and how to dispose of this to prevent the risk and spread of infection.
- One person's care plan documented how cross-contamination and the risk of infection could be reduced by using different coloured pillows to support different parts of their body.

Learning lessons when things go wrong.

- Accident and incident records included what had happened and actions taken. One person said, "I had a nasty fall and the care worker immediately called for an ambulance, I feel safe with them."
- Lessons were learnt and shared with staff through memos to prevent future issues occurring.

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.

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People received an assessment prior to receiving support from the service; this enabled staff to understand and meet people's physical, mental health and social needs.
- Assessments contained information about people's care preferences. For example, where people preferred a male or female care worker to assist them with personal care.
- Individual care plans identified what goal the person would like to achieve.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In the community this is decided by the Court of Protection. We checked whether the service was working within the principles of the MCA.

- Records to evidence the MCA had not always been used. In some cases, people had consented on the person's behalf without the legal authority to do so. The registered manager agreed to implement appropriate records to evidence consent.
- Where people could consent to their care this was obtained in advance of them receiving care. Staff described seeking consent for each care task when supporting people.
- Care files recorded where people had made advanced decisions, for example 'do not attempt cardio-pulmonary resuscitation'.

Staff support: induction, training, skills and experience.

- People were confident staff had the knowledge and skills to support them. One person said, "They know what they're doing."
- Staff felt they received sufficient training.
- New staff received an induction to help them familiarise themselves with their role and the provider.
- Staff supervisions and annual appraisals supported their professional development.
- Additional staff training in nutrition and understanding dementia was planned; a review of training frequency was underway.

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

- Staff understood how to support people to eat and drink enough. People responded well to staff involving

them in meal preparation. A care worker said, "Doing things together encourages them to eat, they mix the scrambled eggs and are then more inclined to eat it."

- Staff monitored people's fluid intake when needed to help reduce the risk of dehydration.

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

- People received effective joined up care. Care plans detailed how the support from the service linked to their other care arrangements, including support from relatives and other professionals.
- Staff, worked in partnership with local authorities to ensure people were receiving the appropriate care and support for their needs. A social care worker told us, "The service do their utmost to ensure [Person's] care runs smoothly."

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People praised the staff for the high-quality care they received. One relative had written, 'We feel a huge debt of gratitude to so many of the staff for the genuine care given willingly and lovingly to my relative and all of us.'
- Many people had forged close relationships with the care workers.
- The registered manager recognised the important role staff had in people's lives.
- Staff ensured people were comfortable. One person told us, "They always make me comfortable before they go."

Respecting and promoting people's privacy, dignity and independence.

- Staff showed care and consideration in their approach to supporting people. One care worker described how people could become anxious when being supported using a hoist. They told us, "We explain what we are doing so they are not worried, this helps them process it."
- People were treated with dignity. One person said, "It's their [the service's] number one priority."
- People's care plans detailed how they wanted their dignity maintaining, including during personal care. Staff knew when people wanted to be given time in private.
- People's right to confidentiality and privacy was respected.
- People received support to maintain their independence. Staff knew which care tasks people were able to manage themselves and where support was needed. One person's care notes referred to them being supported to do exercises to help maintain their strength and mobility.

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

- Staff understood people's communication needs and adapted how they communicated information to them accordingly.
- Staff supported people to make decisions about their care and knew when people wanted help and support from their relatives. When people were living with dementia, staff drew on their knowledge and experience of supporting those with the condition to offer people meaningful choices in a way they could understand.
- People were able to decide each aspect of their care, including how they preferred to be addressed.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control;
End of life care and support.

- People received personalised care that was responsive to their needs.
- Information on people's preferred food and drink was known by staff and included in care plans.
- Staff knew what mattered to people and made efforts to go 'over and above' to support them. One example included staff supporting a person to see the Christmas lights being switched on in their local town, enabling the person to be part of this community event.
- Staff supported people to maintain their relationships by enabling family members and partners to have respite from their caring responsibilities.
- Care plans reflected where people's care needs may vary from day to day. One person's care plan detailed how their support may differ depending on whether they were having a 'bad day', where they may experience increased pain and tasks such as dressing may cause them discomfort.
- People received annual reviews of their care plan as a minimum. People contributed to their reviews. Care plans were updated following changes to people's care needs.
- The service identified, recorded, and met the information and communication needs of people with a disability or sensory loss, as required by the Accessible Information Standard.
- Staff knew people's end of life wishes should this support be required.

Improving care quality in response to complaints or concerns.

- People knew how to make complaints. One person had written in a survey, 'If I have any complaints or concerns I ring the office and the matter is dealt with promptly, I am happy with the response.'
- When complaints were raised the registered manager apologised, rectified the issue and addressed the concerns in a timely way.

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.

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

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- The provider's values were based on independence, dignity and respect. People felt these values were reflected in their care. One person said, "They respect me and encourage my independence."
- People and their relatives consistently described the friendly, respectful approach staff had.

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

- We found the registered manager had not submitted one notification for a safeguarding. We reminded the registered manager of their responsibilities to submit notifications to the Commission.
- A system of audits had been devised. The registered manager agreed some actions had been missed, for example risk assessments. They planned to revise their approach when checking audits.
- People and their family members felt able to approach the registered manager with any issues. One relative said, "It's easy to get hold of the management and even out of hours on a Sunday it's no problem."
- Staff felt able to approach the registered manager with their concerns and were satisfied these were addressed sensitively and effectively.
- The registered manager understood their responsibilities to manage their staff team.
- The registered manager celebrated where staff provided exceptional care and dedication. They said, "I am so proud of the caring and compassionate team we have."

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

- The service involved people, their families and friends and others effectively in a meaningful way.
- People and staff were encouraged to air their views and concerns, which were listened to and acted on to help improve and shape the service.

Continuous learning and improving care.

- The provider completed checks for care workers to monitor staff practice and maintain standards within the service.
- Staff had the opportunity to complete further specialist training in subjects such as dementia and end of life care. Where staff had completed these courses, they valued how this had improved their practice.

Working in partnership with others.

- The provider supported local charities through fundraising events. They shared information in their

newsletter, helping promote awareness of services available in the local area.

- The provider worked with a local charity to ensure people were not socially isolated at Christmas.