

Harrogate Homecare Limited

# Harrogate Homecare Limited

## Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Harrogate Homecare Limited is a domiciliary care service providing personal care to people in their home. 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. The provider told us at the time of the inspection 17 people received personal care.

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

People received support from staff when they needed it. Risks to people were usually assessed and managed although some assessments lacked detail. The registered manager sent an improvement plan and confirmed they were reviewing people's care records. Accidents were closely monitored. The registered manager contacted people to check their wellbeing and that appropriate measures were in place to prevent repeat events. Staff understood their responsibilities under safeguarding people from abuse procedures and were confident the management team would deal with any issues promptly. Systems were in place to manage medicines although these needed strengthening. The registered manager took appropriate action and sent an improvement plan which showed further measures were being introduced.

Staff felt well supported and received appropriate training. One person said, "They are definitely fully trained, very well trained and very professional." Systems were in place to meet people's nutrition and healthcare needs. 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 very complimentary about the staff who cared for them. Everyone was consistently positive about their experience. Comments included, "Excellent. An incredibly, caring company", "Very, very good, I must admit, very kind, very respectful, and so helpful" and "Very satisfied, very helpful with everything." Staff were confident people received good care; they understood how to promote privacy, dignity and independence.

People received person centred care and were involved in planning their care package. One person said, "They have shared a copy of my care plan and, yes, it's really personal to me." Staff knew people well and were familiar with their needs. Care plans were basic and did not always guide staff. The registered manager confirmed these would be developed when they reviewed people's care records. When required, the service supported people with social activities. Systems were in place for dealing with concerns and complaints.

People who used the service, relatives and staff told us the led the service well. Everyone was encouraged to share views and put forward ideas. Quality management systems were in place although the governance framework needed strengthening. The service sent us an improvement plan that showed measures were being introduced to address shortfalls identified during the inspection. It demonstrated they had been

responsive and preventing the same shortfalls from recurring.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 22 July 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### 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 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?

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.

# Harrogate Homecare Limited

## **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

An inspector and an Expert by Experience carried out 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.

#### 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 three days' 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 inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our

inspection.

#### During the inspection

We spoke with four people who used the service and two relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, deputy managers, home support workers and quality assurance manager.

We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance records and an improvement plan.

# 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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and poor treatment. Staff were familiar with safeguarding procedures and confirmed they had received safeguarding training. They were clear they had a responsibility to share concerns about people's safety and well-being. One member of staff said, "We know everything has to be recorded and written down. If there are any concerns, we let management know as well."
- The registered manager was familiar with safeguarding and reporting procedures. They confirmed there had been no safeguarding cases since the last inspection.

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

- Risks to people were assessed and managed but care records did not always include the relevant detail. For example, one person was at risk of pressure sores and appropriate measures were in place to manage this safely, for example, using pressure relieving equipment and regular visits from district nurses. However, the person's assessment and care plan did not show how the risk was being managed. The registered manager sent an improvement plan and confirmed they were reviewing people's care records.
- The provider checked people lived and staff worked in a safe environment. Assessments were completed before people commenced the service.
- Accidents were closely monitored. All accidents were recorded and reviewed by the registered manager; they also contacted the person involved and recorded the outcome. They did not always note any lessons learned so said they would make sure this was included in future.

Staffing and recruitment

- There were enough staff to keep people safe. People told us the staffing arrangements worked well. One person said, "I get a rota and I know who is coming. They are very rarely late unless traffic is bad."
- Staff told us visits were well planned; they said they had enough time to support people without rushing and usually visited the same people. One member of staff said, "They get to know us and we get chance to make a relationship."
- The service had a stable workforce and people received support from the same group of staff, which ensured good continuity of care.
- Staff were recruited safely. Appropriate checks were carried out before staff started working at Harrogate Homecare Limited.

Using medicines safely

- Systems were in place to manage medicines although these needed strengthening. The management team responded immediately during and after the inspection.

- Staff received medicine training and were observed administering medicines before they carried out the task unsupervised. However, their competency was not formally assessed. During the site visit, the registered manager accessed a competency assessment form and confirmed this would be completed with all staff.
- Staff understood they must only administer medicines that were prescribed and most people used 'dosset' systems which were prepared by a pharmacist. Staff recorded on a medicine administration record (MAR) when people received their medicines. However, MARs were written by staff and did not include all the required information. The management team told us they would contact dispensing pharmacists to request pre-printed MARs.
- The provider had a medicine policy to guide staff but this did not include all the required information, for example, supporting people to take their 'when required', time-sensitive and over-the-counter medicines. The registered manager downloaded national guidance during the site visit and said they would update their policy and ensure all staff were fully aware of the key points.
- There was no evidence to suggest people did not receive their medicines as prescribed. The registered manager took immediate action and sent an improvement plan which showed further measures were being introduced. It also demonstrated the service understood their role and responsibilities in relation to medicines.

#### Preventing and controlling infection

- Systems were in place to prevent and control infection. Staff received training and told us they had always had access to personal protective equipment such as, gloves and aprons.



# 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.

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

- People's needs were assessed before they started using the service. The assessment process involved the person, family and friends where appropriate other agencies. One person said, "The manager saw me, and we decided what I needed. I picked them out as their office is not far from me. They asked me lots of questions. I decided to have them and have not regretted it." Another person said, "We came to an agreement what was required." The provider told us in the PIR, "The assessment of needs is based on all the information we are made aware of."

Staff support: induction, training, skills and experience

- Staff were well supported in their role. They received a combination of face to face and on-line training. Records showed the topics covered were appropriate and staff received periodic refresher training.
- New members of staff received appropriate induction and support. One member of staff who had only worked at the service for a few months said they shadowed staff for four weeks and had completed the care certificate. They told us the support they received was "fantastic".
- Staff were appropriately supervised. The registered manager spent time with staff, discussing their role and development opportunities. The management team worked alongside staff when they delivered care so observed practices. One member of staff said, "We chat to [name of registered manager] and discuss any issues."
- People were confident staff had the right skills to care for them properly. One person said, "They are definitely fully trained, very well trained and very professional."

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

- Systems were in place to support people to eat and drink enough. Some people managed their own meals or received support from family or friends; others received support as part of their care package. Care plans identified when people required assistance.

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

- Systems were in place to meet people's health needs. When required, the service supported people to access health appointments such as GPs and district nurses.
- Care records had information about people's medical conditions and where appropriate, health appointments they attended.
- People's care records showed health professionals were consulted when health concerns were identified. For example, a health professional had asked the service to liaise with dental services; care records showed

this was agreed with the person and followed up by staff. One person's mental health had deteriorated and staff had contacted other professionals who were previously involved in the person's care.

#### 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 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.

- The service was working within the principles of the MCA. People told us they made decisions and choices about their care. Staff were confident people made decisions about their care and support. One member of staff said, "People decide, and it is our role to take instructions from the client about what they want."
- The registered manager said everyone could make decisions about their care and support, and if there were changes in people's capacity to make decisions they would seek advice.
- People consented to their care and support. They had signed records in the file which confirmed they agreed to care being delivered.

# 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.

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

- People received good care and support. Feedback from people who used the service and relatives was consistently positive. Comments included, "Excellent. An incredibly, caring company", "Very, very good, I must admit, very kind, very respectful, and so helpful" and "Very satisfied, very helpful with everything."
- People were very complimentary about the staff who cared for them and spoke with genuine warmth when sharing their experience. One person said, "Very good without exception, all the carers are."
- Staff often exceeded people's expectations. One person was celebrating their birthday the day after the inspection; staff had purchased party items. The person's relative said, "They think the world of him and are bringing things to celebrate. You don't get that with every care company."
- The service promoted people's rights and systems were in place to ensure people were not discriminated against. As part of the initial assessment process, information was gathered about people's background, likes and interests, which helps staff get to know them. In the PIR, the provider told us they had changed one person's visit times which then enabled them to participate in religious services.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. One person said, "They treat you with respect and consideration."
- People were consulted about their care and support and felt listened to. One person told us, "I said to them before I started using the service I did not want male staff." They confirmed their views had been respected.
- Staff understood how to deliver high quality care. They received clear guidance about what was expected from the management team and completed training around privacy, dignity, equality and diversity, confidentiality and promoting independence.
- People received a 'welcome pack' which gave them information about the service and what they could expect.

## 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 remained the same. 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; End of life care and support

- The service delivered care that met people's needs and preferences. People provided exceptional feedback about their experience of the service. Everyone said they were involved in planning their care package. One person said, "They have shared a copy of my care plan and, yes, it's really personal to me."
- The service checked the care people received still met their needs. Care records showed staff had asked people if they required any changes to their package.
- Staff knew people well and were familiar with their needs. However, they sometimes relied on their knowledge and communication from other staff to find out about people's needs rather than read people's care plans.
- Care plans were generally basic and although reviews were carried out, updates were not always recorded on the actual care plan. Everyone had a plan of care but this was more of a summary and there was a lack of guidance around how care should be delivered. For example, one person's care plan stated two baths per week. Staff said they sometimes had to gently persuade the person to have a bath, but this information had not been included. One person had a very detailed plan for moving and handling which had been developed with another agency. The registered manager sent an improvement plan and confirmed they were reviewing people's care records.

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.

- Communication was noted in people's care plan and included directions for staff, although these were generally basic. For example, spend time conversing with and listening to the person. The registered manager said they had in the past used alternative methods of communication, for example, bold print and photographs, and this would be offered to anyone who had specific communication needs. The registered manager said communication would be an area they developed as people's care plans were reviewed.

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

- Systems were in place to meet people's social needs. When required, the service supported people with social activities. One person's care record showed the person was supported to access the local and wider community, and had recently been supported to purchase a new bed.

Improving care quality in response to complaints or concerns

- Systems were in place for dealing with concerns and complaints. Everyone was given a copy of the complaints' procedure when they started using the service. The registered manager told us no formal complaints had been received since the last inspection.
- People felt very comfortable talking to staff and management and were confident any issues raised would be resolved. One person said, "I have not needed to complain but I would go to [name of deputy manager]."

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

- The service had a clear vision to provide high quality care. People who used the service told us management and staff focused on person centred care. One person said, "It is exceptionally well-led."
- Staff told us the service was well managed and the registered manager genuinely promoted high standards of care. One member of staff said, "[Name of registered manager] is a very caring person. She keeps staff training up to date, any new care workers are supervised with their initial visits and only when they are confident and comfortable will she let them support people."
- People who used the service and staff were consulted and encouraged to share their views. Everyone said communication was very effective. One person said, "The manager rings up if there is anything, any problems or changes. I also ring up and ask." A member of staff said, "[Name of registered manager] always asks how we find things and if they could make anything better."
- The service had received compliments from people who used the service and relatives about their experience. One relative commented, "I felt I must write to say a huge thank you to you all at Harrogate Homecare Limited for the kind, respectful and considerate care you have all taken of my Mum. You have all gone the extra mile and more."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 understood their role and responsibilities. The management team which included deputy managers and a quality assurance manager provided clear leadership.
- Quality management systems were in place although the governance framework needed strengthening. The service carried out checks such as staff training, motor insurance and customer satisfaction. However, some issues identified during the inspection had not been picked up through the provider's monitoring processes. For example, shortfalls in medication processes and one person's care and medication records had not been audited since April 2019. The management team were responsive and provided assurance action would be taken to address the shortfalls promptly.
- The provider promoted an open and transparent culture and followed procedures when things went wrong. The registered manager contacted people post-accident or incident to check their wellbeing and that appropriate measures were in place to prevent repeat events. The registered manager confirmed no significant events had occurred which required notification to CQC.

Continuous learning and improving care; Working in partnership with others

- The service sent us an improvement plan that showed measures were being introduced to address shortfalls identified during the inspection. Key priorities included, implementing national guidance, revising the statement of purpose, improving care planning and updating the internal audit plan. It also demonstrated the service was strengthening their governance arrangements.
- The management and staff team worked in partnership with key organisations to benefit people using the service.