Harp Care

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Inspection report

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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

The inspection took place on the 16 December 2016. We contacted the service before we visited to announce the inspection. This was because the service provides a domiciliary care service to people in their own homes. We wanted to ensure that we could access the service's office and speak with the manager and staff.

Harp Care provides personal care to around 14 people who live in their own homes in Norwich and the surrounding area. With domiciliary care services the CQC only regulates personal care. This was the service's first inspection.

There was a registered manager in place. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. For the purpose of this report the registered manager will be referred to as the manager. The service also had two senior members of staff.

People were supported by staff who had not been safely recruited. The manager had not completed all the appropriate and standard safety recruitment checks to ensure staff were safe to provide care to people.

The manager was not auditing people's medication administration records in a robust way. There was limited quality monitoring audits taking place. This is to improve and monitor the quality of the service provided. Staff did not receive supervisions, staff knowledge and competency was not consistently checked and monitored. Not every person the service supported had reviews of the care they received.

These issues all contributed to breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Staff were knowledgeable in their roles and demonstrated the skills required. Staff and the manager were motivated to provide good care to people. Staff understood the importance of responding to concerns about people's health. There was a training system in place and staff spoke positively about the training they received. Staff had a thorough induction to the service and their role. New staff were introduced to the people they were going to be supporting before care visits began.

The manager and staff demonstrated they understood how to protect people from the risk of abuse. Staff were aware of this potential issue and knew what to do if they had concerns. People were protected from the potential risk of harm as the service had identified and assessed the risks people faced. People had assessments which were person centred.

People benefited from staff who felt valued and important to the service. Staff worked closely with the

manager and found them approachable and supportive. The manager and staff had confidence in the service they were providing. People said they saw the same care staff at regular times, and did not have missed care visits. People also told us that staff stayed longer at their care visits, if this was needed.

Staff understood the importance of promoting and protecting people's dignity, privacy and independence. People and their relatives gave many positive examples of the caring and empathetic approach of staff. People told us they were treated with dignity and in a caring and kind way. People told us they formed positive relationships with the staff who supported them.

Staff had received training in the Mental Capacity Act 2005 (MCA) and demonstrated they understood the importance of gaining people's consent before assisting them.

Staff assisted people, where necessary, to access healthcare services. Staff had a good understanding of people's healthcare needs. Staff had the knowledge and confidence to manage emergency situations.

The manager and staff supported people in a practical way to avoid social isolation. People felt comfortable speaking with the manager and raising any issues they may have had. There was a complaints process in place for the manager to respond to complaints.

The manager demonstrated a real commitment to the service and to the people the service supported. The manager was motivated to provide a service which was person centred. The manager knew the people the service supported. Staff had confidence in the manager.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

The manager had not ensured that staff had undergone all the recruitment checks, to ensure they were safe to work in care.

The service had identified, assessed, monitored and responded to the risks that people faced.

Staff knew what to do if they had any concerns and they were confident in raising these.

Is the service effective?

Good

The service was effective.

The training, induction, and the support staff received, contributed to the effective support people experienced.

People received care and support in the way they wanted as staff understood the importance of gaining people's consent.

When required people received support with food and drink.

Is the service caring?

Good

The service was caring.

People benefited from having positive and caring relationships with the staff that supported them.

The care and support people received made them feel they mattered.

People had been fully involved in planning the care and support they received.

Staff understood the importance of maintaining people's dignity and privacy and worked in a way that promoted and protected this.

Is the service responsive?

Good

The service was responsive.

People saw regular staff at their agreed times.

People received care and support that was individual to their needs.

The service had identified and assessed people's needs.

People were supported to avoid social isolation.

Is the service well-led?

Requires Improvement

The service was not always well led.

The manager had not completed all the appropriate safety checks on staff.

There was limited quality monitoring of staff practice and records.

There was a positive and open culture at the service.

Harp Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 16 December 2016 and was announced. The provider was given 72 hours' notice because the location provides a domiciliary care service. Notice was given as the manager could have been out of the office and we needed to make sure we could access the office. The inspection was carried out by one inspector.

Before the inspection we viewed the information we had about the service. We also contacted the local quality assurance team and local authority safeguarding team for their views on the service.

The manager had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we visited the service's office, spoke with three people who used the service and six relatives. We also spoke with the manager, and four members of staff.

We looked at the care records of three people who used the service and this included the medicines administration records of three people. We also viewed records relating to the management of the service. These included risk assessments, four staff recruitment files, training records, and compliments.

Requires Improvement

Is the service safe?

Our findings

Safe recruitment practices were not always followed when appointing staff.

The manager told us they recognised how vulnerable some people were when they received care in their own homes. Often these people lived alone so it was important recruitment practices were robust. We looked at a selection of staff recruitment files and found one member of staff who provided care visits did not have any employment history on their file. The manager could not tell us if they had any gaps in their previous employment. Another member of staff had a gap in their employment history, the manager told us why this was, but this was not recorded on their file.

Three members of staff did not have completed Disclosure and Barring Service (DBS) checks, when they started providing care visits alone in people's homes. A DBS check enables employers to carry out safer recruitment decisions. It also prevents unsuitable people from working with vulnerable groups. One member of staff's lack of a DBS had been a clerical error on behalf of the manager. However with the other two members of staff they had started working without a completed and confirmed DBS. The manager said they had confidence that all these members of staff would promote and protect people's safety. However, the manager had not done everything possible to ensure these safety checks had been completed. At the time of our inspection visit one of these three members of staff had their DBS check confirmed, but two had not. We asked the manager to ensure these members of staff had completed DBS checks before they supported people on their own. The manager confirmed that they would do this.

The above concerns constituted a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines were not always managed effectively. People had Medication Administration Records (MAR) charts produced by the local pharmacy for staff to complete, when administering people's medicines. The manager had asked staff to complete a running total of the remaining medicines to check no medicines had been missed. Staff were required to sign the MAR to confirm that a medicine had been administered as prescribed.

The MARs would not be returned to the office but stay in people's homes. The manager said they checked the MARs when they visited people and collected their other paper work. However there was no record of these audits. A senior member of staff collected a sample of three MARs for us to look at. We found all had signatures to confirm people had had their medicines as prescribed.

However we found examples of unsafe practice with two people's MARs. One person's medication label had been crossed out and another name of a medicine written above it. This had not been dated and signed by the member of staff who did this. There was no record to confirm why this change had occurred and if a member of staff had spoken with a health professional to confirm the use of a different medicine as stated on the MAR. The same member of staff had also signed to say this person had had their medicines for the

next day, when this person had no medicine remaining, as this was the end of their medicine cycle for this period. We spoke with the manager about this. At first the manager gave us the reasons why this member of staff had done this to these MAR charts. Then later the manager said they would address this with the member of staff as it was not good practice.

Staff told us they felt confident about giving people their medicines and told us how they did this. The manager and staff told us they were shown how to do this on their shadow shifts by the first senior member of staff. The manager talked us through the system they used to ensure that people received their medicines as the prescriber had intended.

The people we spoke with told us they felt safe when staff visited to complete care visits. The relatives we spoke with also told us that they felt their relatives were safe when they received support from Harp staff. One relative said, "Absolutely safe." Another relative told us that their relative's regular member of staff who supports them was, "A very reliable, safe, and caring person."

The manager had a very clear understanding of how to protect people from the potential risk of abuse and harm. The manager had made contact with the CQC to report concerns about other care services in the past. The manager was aware of the local authority safeguarding team. They told us about a situation a senior member of staff had witnessed when they were providing a care visit to a person. This person was also supported by another care agency. They told us the senior worker had seen the care worker harm the person. They told us the action the worker took to protect the person from further harm. The manager said they made a referral to the local authority safeguarding team. The manager said, "I don't have a problem reporting anything I am worried about."

The staff we spoke with also had a good understanding of how to protect people from harm. Staff were able to tell us the different signs of potential abuse. Staff told us how they would be able to potentially identify if a person was experiencing harm in some way. Staff talked about people not being themselves, being withdrawn, or if there was a change to a person's mood. All staff said they would speak with the manager. Some staff were aware of different agencies they could also report concerns to, such as the local authority, but not all staff we spoke with were aware of these agencies.

The manager completed assessments when people started to receive care from the agency. The assessments we looked at explored the risks and issues that people faced and how to keep people safe. The manager gave us examples of how they worked closely with some individuals in order to create a care plan to minimise some of these risks.

The manager had an emergency contingency plan. The manager said the benefit of being a small service was that staff were in walking distance to the people they supported. The manager also showed us that the information they held about people was stored in paper form and on an electronic system. However, when we spoke with staff about the procedure for dealing with emergencies, they were not clear about the point of contact in the event that the manager was not available.

The manager and the senior members of staff were 'on call' at different times out of hours. The manager gave us examples of responding to the phone calls from people who used the service. The staff we spoke with said the manager and one of the senior members of staff were responsive in an emergency. One member of staff said, "They always answer their phone."

At people's assessments the manager told us they completed an assessment of the environment and considered safety issues. We looked at some assessments and we could see the manager had identified

where people's utility supplies were located and if people had smoke alarms. However, these assessments didn't cover the potential risks to staff. We spoke with the manager about this who said they would rectify this issue.

We spoke with one member of staff who explained to us how they had recently responded to a loss of power in a person's house. They told us what action they took to resolve the issue. They told us they also contacted the manager during and after this process, in order to ensure that the person they were supporting and themselves were safe.

The manager had a system of analysing accidents and incidents. The manager gave us an example of one person who could sometimes express behaviour which challenged other people. They told us these incidents were recorded on the persons care record in their home. They said they looked at this information and looked for patterns. We were shown a document where this information was then shared with staff, in order to update them about a change in the situation.

The manager told us they do not accept new care packages unless they can cover the care visits. The manager said they would speak with the new service user and ask them what care visit times they wanted. If they could not accommodate this they explained this to the person. The people we spoke with told us that they saw regular members of staff at their agreed times. People told us they did not feel rushed and staff would generally stay longer than the agreed duration of the care visit.

Good

Is the service effective?

Our findings

People told us they received effective care from care staff at Harp Care. One person told us, "They are all experienced and lovely people." Another person said, "To be honest with you, they [staff] are lovely and very efficient." A relative told us about their relative who suddenly became critically unwell, the relative said, "They [staff] knew exactly what to do."

We spoke with staff who told us how they supported people who used specialist equipment to support them with their continence. Staff also told us the processes they went through to ensure infection control standards were adhered to. However, information to guide staff about people's particular needs was not always recorded in people's care records located in people's homes. The manager said they would address this issue.

The manager told us that staff had a period of induction regardless of their level of experience. Staff told us that during this time they would meet the people they would support, spend time with them, and read their assessments. Staff also said they would get to know what people's needs and routines were during their induction. The people and their relatives we spoke with confirmed this practice took place. Staff told us they felt their induction prepared them for their new job.

New staff received mandatory training in moving and handling and emergency first aid before care visits began. A new training programme was being introduced which some staff had already started and other staff were scheduled to complete. One member of staff said, "From my experience the training is in depth… and helpful."

Staff told us they were being supported to complete national vocational qualifications in care. Staff also told us what training they had recently completed and courses they are due to start. The manager said they had made plans for all staff to complete the 'care certificate'. This is a set of standards which outlines what good care looks like. The manager showed us the service's new training programme. They also told us about the plans they had made for some members of staff to complete additional vocational training courses in care. Some of the staff we spoke with told us they were due to start this additional training course.

We spoke with some staff recently employed by the service who said they felt supported by the manager. They said they had had regular 'catch up' meetings to discuss their progress. Most staff told us they were in regular telephone contact with the manager and felt supported by this level of contact. The manager was not completing formal supervisions with members of staff. However the manager told us they plan to introduce this soon.

The manager said they had a 'hands on' approach and often completed care visits. They said this enabled them to regularly monitor staff practice. Often the manager or the first senior member of staff would support people who needed two members of care staff to support them. At these times the manager said they observed practice. However, for staff who provided support to people who did not need two members of

staff to assist them, their practice was not being observed. We spoke with the manager about this, who said as a result of this inspection, they would formalise this process, by observing all staff and recording these observations.

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. We found the service was not always working within the principles of the MCA.

We spoke with the manager about their understanding of the MCA. We found the manager did not understand the principles of this legislation. The manager did not understand that a person could have a diagnosis of dementia and still be able to make decisions about their life. The manager was not assessing people's capacity to make decisions for themselves. Instead, they were asking relatives to make the decisions on their behalf. The manager had not first identified if a person lacked capacity to make a particular decision, before they sought involvement from family members.

For some people, their records stated that they had given Lasting Power of Attorney (LPA) to another person to make decisions on their behalf. However, the service had not carried out any checks to verify this information or to ensure that they had LPA to make decisions about health and welfare matters.

The staff we spoke with told us how they always sought consent from people when they supported them. Some staff told us how capacity can fluctuate, and is decision or subject specific. Staff told us they always offered people choices and encouraged them to make their own decisions. One member of staff said, "I always give [Name] options so [Name] can choose." Another member of staff said, "You should never assume [a person lacks capacity]."

The people we spoke with said they were offered choices and they directed the staff as to what support they wanted.

Some of the people we spoke with told us that staff supported them with their meals and drinks. One person said, "I say I will have, so and so today. That works really well." We spoke with some members of staff who told us how they supported some people with their meals and drinks. They told us that they followed people's own preferred routine of meal times and supported them to eat what they wanted to eat and drink.

People were being supported to maintain their health. One person said, "They look after your health and everything." People told us that staff were proactive in their response to a change in their health needs. One person told us, "[Name of member of staff] doesn't miss a thing." They explained how this member of staff who supported them had identified a health concern which they had not realised themselves. They told us how they supported them to attend the following health appointments in order to resolve this medical issue. Another person told us how they often struggled to get health appointments. They said, "When they [Staff] ask for an appointment [on their behalf] they get it."

The manager told us how they and staff supported people when there was a change in their health needs.

The manager told us that, "No one goes into hospital alone, we stay with them until they have a bed." The relatives we spoke with confirmed that staff supported their relative when they needed to go to hospital and would not leave them until it was safe to do so. We spoke with a health professional who told us that staff and the manager responded positively to a change in people's health and mobility needs. They told us if the manager referred a person to them, a member of staff was always present, when they arrived to assist with their assessment. This health professional told us, "The biggest frustration with my job is you would arrange a time to visit to talk to the carer too, but often they wouldn't be there. Hand on heart with Harp carers, they would always be there."

Good

Is the service caring?

Our findings

People and their relatives told us how the staff and the manager treated them in a caring and kind way. One person said, "It's a very caring organisation, they deserve the best recommendation you can give." Another person told us, "[Name of member of staff] is so caring." A relative told us, "Harp Care are absolutely wonderful, we are so lucky to have them, nothing is too much trouble."

People told us, that they were treated in a way, which made them feel that they mattered. People told us about when they had been suddenly unwell and needed an emergency admission to hospital. They told us that staff went with them into hospital and stayed with them until a relative arrived.

The staff we spoke with knew the people they supported. Staff were able to tell us about people's backgrounds, what their likes and dislikes were, and who and why the people around them were important to them.

People told us that staff showed a genuine concern for them and took practical action to relieve distress. One person told us about a situation in their home which they were unable to solve themselves. The member of staff suggested that they could resolve this issue and that they would add this task to the person's care plan, for staff to complete on a weekly basis. The person said, "There is nothing they don't want to do."

The people we spoke with told us how they were involved in the planning of their care. People said that the manager asked them how they wanted to receive their care and what routines were important to them, before their care visits started. People told us they received the care they wanted on a daily basis. One person said, "They make your life better, my whole life has improved."

When we visited the service's office we could see the information that the service kept about people they supported was stored in a secure way. The manager showed us the process they went through each day to ensure this information was protected.

People told us how their privacy was protected by staff. People told us that they were given time alone during elements of their daily personal care routines. Staff talked about ensuring doors and curtains were closed. One member of staff told us how they ensured if a person lived with another person, that the care they received was private from this other person.

People also told us how staff promoted their dignity. One person said, "They [staff] are very polite, oh yes, no complaints like that." Relatives also told us how their relative's homes were treated with respect by staff. Relatives also told us that staff respected the relationship they had with their relative, one person's relative said, "They remember they are your family."

Good

Is the service responsive?

Our findings

People received care which was responsive to their needs. One person told us, "The care package was designed for us individually…it's a very holistic approach." Another person said, "They [staff] are doing what I want them to do." A further person said, "They [staff] bend over backwards for you."

People told us that they received care which was person centred to their needs. People confirmed that the manager visited and completed an assessment of their needs. People told us they were asked what their preferred times of care visits were, and what gender of care staff they wanted, to support them. People also told us that they were asked about their routines. A health professional told us, "Their [staff] time keeping was excellent, they really knew their clients."

People told us that staff always asked them what support they wanted when they visited them. One person said, "They [staff] ask what I want doing." People also said staff were prepared to stay longer and complete additional tasks. One person told us, "They are never in a hurry to leave you."

People, their relatives, staff, and a health professional told us that staff were introduced to the person they would be supporting before care visits began. A health professional said, "When they had a new service user staff would shadow for a week, so it was not a new face to the person." A member of staff said, "When I first started, I shadowed for a week to make sure I could cater to their needs."

We looked at people's assessments and we could see people had been asked about their likes and dislikes. Relatives had been consulted with in some cases to give information about people's backgrounds and their interests.

People and their relatives told us that staff considered the whole household and management of the home, in order to support the person. The manager said this was part of their ethos, they said, "If you were visiting your granny to care for her and found she had spilt a load of rice krispies on the floor, you wouldn't ignore it." The manager also said if a person needs a loaf of bread or assistance with their recycling staff assist with these types of tasks. The people we spoke with confirmed this happened.

The staff we spoke with told us they supported people with their hobbies and interests. One member of staff told us how they encouraged a person to complete games and puzzles which they knew was a past interest of theirs. We spoke with their relative and they confirmed staff did this, which they felt benefited their relative. A person told us how their regular member of staff encouraged and supported them to attend an exhibition which they were interested in. The manager told us about one person who was unable to access their interests as much as they wanted to, due to their physical needs. The manager accessed some technology on the internet to enable them to access their interests when they wanted to.

The people we spoke with said they had built relationships with the people who supported them. One person said, "We have a laugh and a joke." A relative told us, "They make sure [relative] is happy which

[relative] is...they have a laugh and cheer [relative] up." A further relative said, "I often see them [relative and member of staff] in the garden holding hands." Staff told us if they had concerns that a person was socially isolated they would tell the manager about this.

However, the manager was not completing regular reviews for all the people the service supported. People told us they were not being asked for their views on the service. The manager did say they visited people on a regular basis. They said that people told them if there were issues which needed to be improved upon, which they addressed with staff. We looked at people's care records and we did find areas of people's assessments which needed updating. We spoke with the manager about these two issues and the manager said they would start to complete reviews of the care people received, and they would ensure people's records were updated.

Requires Improvement

Is the service well-led?

Our findings

The service did not have effective systems in place to monitor and improve the quality of care provided.

When we looked at staff recruitment procedures we found that three people did not have DBS checks. One member of the care staff had no employment history. The manager had not understood they needed to have completed all the appropriate safety checks on staff, to ensure people were safe in their care. The services quality assurance systems had not identified these shortfalls.

The manager told us that they spoke with people's referees over the telephone to gain their views about staff commitment and competency. However they did not make a written record of these conversations. This would have provided evidence of another checking process to ensure suitable staff were recruited.

The manager was not completing regular quality monitoring checks about the service. The manager told us that some staff practice was observed when staff assisted the manager or the first senior member of staff. However, staff who worked alone were not being observed. Also the observations were not recorded to evidence the service was completing this element of quality monitoring. Not all staff were having a regular conversation or supervision about their role and the support they needed.

The manager told us they checked the quality of daily records and MAR charts that staff completed. When we found the issues with medicines management we asked the manager to take action to make immediate improvements.

The manager had not considered if they needed to check staff knowledge about certain subjects which were relevant to their role. The manager had shown us a member of staff's training record; they had received a lower score in an important subject which related to people's safety. The manager had not spoken with this member of staff to check they had the knowledge, to keep people safe in certain circumstances.

People and staff were not actively involved in developing the service. People were not asked about their views on the service on a regular basis. The service did not have staff meetings. We spoke with the manager about staff involvement and they told us they were aiming to get a small group together who will be completing a health and social care course and the 'care certificate'. However, the manager had not considered other ways to gain the views of staff and people who used the service.

As the registered manager the manager has a responsibility by law to notify the CQC about certain events. However, the manager did not know what these were and in what circumstances as a care agency they should notify us. The manager had told us about a safeguarding referral they had made to the local authority about a person who the service supported. The CQC should have been notified about this, but the manager had not done this. The manager had no knowledge of the regulations the CQC assesses the service and competence of the registered manager against.

The above concerns constituted a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff spoke positively of the leadership and culture of the service. One member of staff said the manager and the first senior member of staff were, "Good listeners and they have good values." Another member of staff said, "I feel I can call anytime, they [manager and senior carer] are lovely, they listen, they want the best for people, and they are workers themselves."

Staff told us they were confident to challenge and question the practice of their colleagues if they needed to. Staff also told us that they found the manager approachable and involved in the service. Staff told us that they felt supported by the manager and spoke positively of the support and the learning opportunities the manager was supporting them to achieve.

People and their relatives gave us many examples of how the manager and staff took their responsibilities seriously. This related to maintaining and responding to changes in people's health and improving their quality of life.

We were told of strong links with the local community. The manager said they do not advertise for new care packages or for staff, their work and staff comes from 'word of mouth.' We spoke with people who used the service and they confirmed this. One person told us "I tell all my elderly friends, I give them a leaflet."

The manager told us of the values of the service, they said, "Client's needs and wants come first." They spoke of encouraging independence, dignity, privacy, and respect. The people and relatives we spoke with told us that staff and the manager treated them and their relatives in this way.

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 17 HSCA RA Regulations 2014 Good governance Regulation 17 HSCA 2008 (RA) Regulations 2014: Good Governance The management of the service had failed to have effective systems and processes in place to monitor and improve the safety of the service provided. Regulation 17 (2) (a) (b) (c)

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Regulation 19 HSCA 2008 (RA) Regulations 2014: Fit and proper person's employed. The service had failed to undertake all relevant checks to ensure only fit and proper staff were employed. Regulation 19 1 (a)