

North Yorkshire County Council

Harrogate Home Support

Inspection report

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Date of inspection visit:
16 June 2022
21 June 2022

Date of publication:
11 August 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Harrogate Home Support is a domiciliary care agency which is registered with the Care Quality Commission (CQC) to provide regulated activities of personal care to older and younger people living with sensory impairment, learning disabilities or autistic spectrum disorder and physical disability in their own homes. At the time of the inspection, regulated activity was provided to eleven people.

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.

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

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice. Some staff were unsure about what they should do to make sure that any decisions were made in people's best interests and to ensure appropriate record keeping was implemented and reviewed for relevance.

Care plans in place did not include information to support safe access in and around people's homes. We have made a recommendation for the provider review guidance to ensure all environmental risks are assessed with supporting actions to keep everyone safe.

Staff received undocumented observations whilst carrying out their roles to ensure they followed best practice. We have made a recommendation for the provider to review best practice for implementation and feedback of observed practice.

People's needs had been assessed and care records were in place. However, information was not always person centred or up to date. People's views and preferences were not always recorded through required decision-making processes resulting in generic task-based guidance for staff to follow.

Systems and processes used to manage and drive improvements at the service had failed to identify or drive forward the required improvements we found during the inspection.

People told us they felt safe with the staff who supported them. Staff were clear on types of abuse to look out for and how to raise their concerns when required. Processes ensured any incidents were routinely investigated with outcomes and actions implemented to help keep people safe

Staff had access to recorded information to ensure people received information in a way they understood. Staff understood the importance of communicating with people. For example, to support them with their abilities and to respond to their wishes and preferences.

Staff had good access to personal protective equipment to manage the risks associated with the spread of infection including COVID-19 and adhered to government guidance to protect people.

Where people required support to take their medicines, this was done safely as prescribed with appropriate record keeping checked for accuracy.

Staff received appropriate induction, training, professional development, supervision and appraisal to enable and support them to carry out the duties they were employed to perform.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture. Records were not always up to date and decisions made on behalf of people under the Mental Health Act 2005 were inconsistently applied or reviewed to ensure they continued to be the least restrictive option and in the persons best interest. The registered manager was responsive to our feedback and acted immediately. Associated health professionals were contacted to review all outstanding decision making and review records to ensure they included up to date person centred information..

Right support: Model of care and setting maximised people's choice, control and independence; People were supported to make choices about where to live and with whom. Staff were creative with supporting people to live their best lives as independently as possible. Support was provided which promoted daily living skills and access to a range of activities and events. People told us they received care and support from staff who they knew and had their preferences respected.

Right care: Care was person-centred and promoted people's dignity, privacy and human rights; Where restraint was used it was not always recognised, less restrictive options had not always been considered with appropriate levels of input to ensure decisions were in the persons best interest. People and their relatives were involved in planning their care. However, care records included generic information and staff did not always have access to up to date information. People told us staff were respectful, caring and understanding around their emotional and physical needs.

Right culture: The ethos, values, attitudes and behaviours of leaders and care staff ensured people using services led confident, inclusive and empowered lives; The culture of the service was open and empowered individuals to express their views. People spoke positively about the service they received and the way the service was managed. The new manager was passionate about providing people with a personalised service which promoted their independence.

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

Rating at last inspection and update

This service was registered with us on 20 April 2021 and this is the first inspection.

Why we inspected

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

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to consent and governance. We have made recommendations in staffing and safe care and treatment.

Please see the action we have told the provider to take at the end of this report.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details in our well-led findings below.

Requires Improvement ●

Harrogate Home Support

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was completed by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with CQC to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave a short period notice of the inspection. This was because it is a small service and we needed to be sure the provider or registered manager would be in the office to support the inspection. Inspection activity started on 15 June 2022 and ended on 7 July 2022. We visited the location's office on 16 and 21 June 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager and two staff members. We reviewed four care plans, medication records and three staff files. We reviewed records associated with the management of the service, which included policies, procedures, audits, and checks. We looked at staff recruitment details.

After the inspection

We spoke with three care staff, three people in receipt of the service and six family members. We reviewed staff rotas, information about staff support, and feedback about the service with details of activities provided.



Is the service safe?

Our findings

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

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

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

- Information including risk assessments had not been completed to keep people and staff safe when navigating in and around people's homes. An incident was recorded where staff had been attacked by a domestic animal owned by a person in receipt of a service. There was no evidence to demonstrate the actions taken to ensure everyone was aware of the risks and to keep others safe as part of lessons learnt.

We recommend the provider review guidance to ensure all environmental risks are assessed with supporting actions to keep everyone safe when navigating people's properties.

- Care plans included initial assessments of people's care and support needs. Known risks were recorded and staff told us care plans include information to support safe activities of personal care.

Systems and processes to safeguard people from the risk of abuse

- People were safe from the risks of abuse. One person said, "Yes, I feel safe; staff do help, I can feel comfy in telling them anything, and how I'm feeling. They listen to me."
- Staff had received training in safeguarding and understood how to recognise signs of abuse and what actions to take to safeguard people from avoidable harm.
- Systems and processes ensured good recorded oversight of any concerns. Information was shared with safeguarding bodies to ensure all necessary actions were taken to keep people safe from abuse.

Staffing and recruitment

- The provider operated safe recruitment practices when employing new staff. Appropriate checks were completed to ensure staff were suitable for the role which included checks with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People received their care and support from regular staff who they knew.
- The provider had contingency plans to ensure there were enough staff available to provide care and support to people to meet their assessed needs.

Using medicines safely

- Where people required support to take their medicines people told us this was completed safely. A relative said, "[Name] has to be given medication. [Staff] put it in their hand, and it takes a while for them to take it, but they [staff] wait."

- Where people were prescribed 'when required' (PRN) medicines, for example, paracetamol, there were protocols in place for staff to ensure manufacturer's instructions were followed.
- Medication administration records (MAR) were completed where people required support. MAR were checked for accuracy and staff understood the importance of comprehensively maintaining these records.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely. Staff had good access to PPE and understood the latest requirements.
- People and their relatives told us staff followed relevant infection prevention and control guidance.
- We were assured that the provider's infection prevention and control policy was up to date.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Principles of the MCA were not always followed. For example, where restraint was used the service failed to always recognise the restrictive practice or to consider less restrictive options were always used where possible. People's family and friends were not always included or involved in such decisions.

Deprivation of Liberty Safeguards and the key requirements of the MCA were not always fully understood or applied. Some staff were unsure about what they should do to make sure that any decisions were made in people's best interests. This was a breach of regulation 11(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed all decisions made under the MCA were under review with actions taken to ensure full compliance with the requirements of the MCA.

- The service completed assessments of people's mental capacity to make particular decisions and staff understood the importance to always seek people's consent to care.

Staff support: induction, training, skills and experience

- The management team completed spot checks to monitor staff performance. However, the checks were not recorded, and it was unclear how feedback was then used to improve practice.

We recommend the provider review best practice for implementation and feedback following staff observations of their roles.

- Staff had completed training relevant to their roles. This included safeguarding, food hygiene and infection control.
- Staff were supported through supervisions where they could discuss any issues. Staff valued one to one support and supervisions. One staff member said, "We have regular monthly supervisions, they [senior staff] really listen to what you say and will sort out any concerns."

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

- Assessment of people's dietary needs along with food and fluid intake was recorded to assist people to eat and drink enough and remain healthy.
- Staff confirmed they worked with other health professionals for example, dieticians to ensure people maintained a balanced diet.
- Care plans recorded any allergies people had and staff had access to information to support people with any dietary requirements where required.

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

- People had good support to access other health professionals to maintain and improve their wellbeing. Care plans were updated with any feedback for staff to follow.
- Staff understood how to ensure people received timely access to health professionals. For example, staff told us people had routine access to their GP, dentist, occupational therapist and district nurse. One staff member said, "We support people to have regular health reviews and their medicines are updated following at least annual reviews from their doctor."
- Staff ensured any health advice for people was recorded and staff made time to encourage and support people with daily living skills and ongoing reablement.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

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 and their relatives told us they were actively involved in the planning of their care and were supported to express their views. One person said, "I have a care plan and I had a review a few weeks back. I was very happy. Everything went smoothly so I feel very happy. When I have a shower, I have a female staff stay in the room and help me."
- People and their relatives told us they were treated with respect and dignity by staff.
- Staff understood the importance of maintaining people's dignity and supporting them to be as independent as possible. A relative said, "They're okay with personal care, staff remind and prompt for a shower. We have tried bits and pieces like timetables, but don't want a tick list as he knows what he has to do, he knows his routine. It's working this way."

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

- People told us staff were kind and caring. One person said, "They treat me with respect, we have a laugh, have a banter. It's such a fun place because none of them [staff] are miserable. They always know if I'm not happy and sit down and chat with me."
- People benefited from long term staff who understood their individual needs. One staff member said, "People are happy, staff are happy, they have had a lot to contend with. We have a good continuity of staff who know people well."
- Staff understood the importance of recognising people's diverse needs. Care plans were written with consideration of people's cultural backgrounds and supported any personal choices.

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 requires improvement. This meant people's needs were not always met.

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

- Staff did not always have access to up to date person centred information to provide people with personalised care and support.
- Where people did not have capacity to provide their input, there was no clear process to record input from those with authority to act on their behalf. Information was not always person centred or in their best interest.
- Care plans included some reviews of people's care however, there was no meaningful process to ensure support was responsive to meet people's agreed objectives and personal outcomes.

The provider failed to ensure people's views and preferences were always supported, recorded and/or evaluated through relevant decision making processes. This was a breach of regulation 9(3)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded immediately during and after the inspection. They confirmed their aspirations to review all care plans and provided an exemplar which was used as a template for other reviews.

Meeting people's communication needs

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

- People's communication needs were recorded in care plans for staff to follow. Information included information for staff to ensure they were aware of any hearing or sight difficulties. One person said, "Staff know the things I can't physically cope with, like sudden loud noises which upset me very easily. I ask in theatres if there are any loud bangs, and I take ear defenders. They tell me when to put them on."
- Information was available in a variety of formats and different languages to ensure people had access to information they required.
- Staff discussed the benefits of a small team to support people. They explained how this enabled them to familiarise themselves with people's individual expressions which meant they understood when people were in pain, happy or required assistance.

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 service actively supported people to follow their interests and encouraged people to take part in social activities relevant to their interests.
- People maintained good personal relationships. Technology was used by people to communicate with their loved ones. One relative said, "The only way [name] can communicate with us is on FaceTime. They've [staff] taught him how to use FaceTime. He can FaceTime us five or six times a day."

Improving care quality in response to complaints or concerns

- Staff supported people to raise concerns or complaints.
- People and their relatives had clear expectations on the quality of the service they received and understood how to share any concerns. One relative said, "I would complain to the manager, but I've not really had to. There's always somebody in the office, and they're quite good at getting back to you if you leave a message."
- Guidance on raising concerns and complaints was available in different formats for people to understand.
- Processes were in place to investigate and respond to any complaints or concerns. People told us concerns were routinely dealt with and that they felt confident complaints would be addressed appropriately.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service.

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

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

- Risks were not always identified or managed with actions to mitigate further similar events.
- Action plans to improve care records did not include robust planned ways to introduce improvements and outcomes were evidenced to be aspirational.
- Checks had failed to ensure decisions made on behalf of people who lacked capacity were recorded with evidence that these had been taken in line with the requirements of the Mental Capacity Act 2005 and their associated Codes of Practice.

Governance and performance management was not always reliable and effective and had failed to ensure remedial actions for the concerns found during this inspection were implemented in a timely way. This was a breach of regulation 17(2)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded immediately during and after the inspection, acknowledging the shortfalls and discussing planned actions to achieve full compliance.

- The registered manager was aware of their responsibility to notify the relevant authorities including the CQC of important events that happen in the service. For example, any safeguarding concerns, service changes and serious incidents.

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

- Staff, people and their relatives told us the service was managed well with caring staff. One staff said, "Management has really improved, it's a great place to work."
- Staff told us senior staff were approachable which resulted in good communication and support for the benefit of people receiving a service.
- People and their relatives were clear about the improvements the service had provided to their daily needs. One person said, "I'm good. A lot better now than when I first came here. This is really better than where I was before."

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

- Processes were in place to ensure any incidents, concerns and complaints were investigated and responded to.
- Staff were confident they would be supported with any enquiries and that along with any required actions, they would be included in feedback.

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

- People were given the opportunity to feed back on the service and told us the senior staff including the registered manager were approachable.
- People and their relatives were involved in discussions about the service, their home and who they lived with. One person said, "They [staff] do house meetings, they started again after a long time. I feel it's important if you have anything bothering you and so we know what's going on."
- Management and staff discussed their passion for their roles and the supportive team approach to providing people with consistent care. They told us this promoted people's independence to remain in their own homes.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider failed to ensure people's views and preferences were always supported, recorded and/or evaluated through relevant decisions making processes.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Deprivation of Liberty Safeguards and the key requirements of the MCA were not always fully understood or applied. Some staff were unsure about what they should do to make sure that any decisions were made in people's best interests</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Governance and performance management was not always reliable and effective and had failed to ensure remedial actions for the concerns found during this inspection were implemented in a timely way</p>