

Katherine Harriet Ltd

# Katherine Harriet

## Inspection report

9 Broad Street  
Hereford  
HR4 9AP

Tel: 01432483083  
Website: [www.katherineharriet.care](http://www.katherineharriet.care)

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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:

Katherine Harriet is a domiciliary care service that provides personal care to people in their own homes. 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. At the time of our inspection, 80 people were using the service.

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

People and their relatives felt safe in the presence of staff. Staff understood their role in protecting people from harm and abuse. The risks associated with people's individual care needs had been assessed, reviewed and plans were in place to manage these. People received a reliable and consistent service. Checks were carried out on prospective staff to ensure they were suitable to support people. People had the level of support needed to manage their medicines safely. Steps had been taken to protect people from the risk of infections. The provider monitored any accidents or incidents involving people who used the service to learn from these.

People's individual needs and requirements were assessed before their care started and then kept under review. Staff received an effective induction and ongoing training and support to enable them to fulfil their roles. People had support to prepare meals and drinks where they needed this. Staff helped people seek prompt professional medical advice and treatment if they were unwell. 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.

Staff knew the people they supported well and treated them with kindness and compassion. People and their relatives were encouraged to express their views on the care provided. Staff protected people's privacy and dignity at all times.

People's individualised care plans provided staff with clear guidance on their care needs and promoted a person-centred approach. People and their relatives were clear how to complain about the service. Staff worked with community health and social care professionals to ensure people's end of life care needs were met.

The management team promoted person-centred care and open communication with people, their relatives, community professionals and staff. Staff felt well-supported and valued by an approachable management team. The provider carried out regular audits and checks on the quality and safety of people's care.

### Rating at last inspection

The last rating for this service was Good (published 4 April 2017).

### Why we inspected

This was a planned inspection based upon the service's registration date.

### 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?

The service was safe.

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our Well-led findings below.

Good ●

# Katherine Harriet

## 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

The inspection was carried out by one inspector.

#### 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 provider 48 hours' notice of our intention to undertake an inspection. This was because the provider delivers a domiciliary care service to people in their own homes, and we needed to be sure that someone would be available in the office.

#### What we did before the inspection

Before the inspection visit, we reviewed information we had received about the service since the last inspection. This included information about incidents the provider must notify us of, such as any allegations of abuse. We also sought feedback on the service from the local authority.

We used the information the provider sent us in the provider information return. 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.

#### During the inspection

We spoke with the nominated individual, registered manager, four senior care staff and five care staff. We reviewed a range of records at the provider's office. These included nine people's care records, three staff recruitment records, medicines records, incident forms, complaints logs and records relating to the management of the service.

#### After the inspection

We spoke with four people, five relatives and three community healthcare professionals about their experiences of the care provided. We also reviewed additional documentation the management team sent us.

# 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 told us they felt safe receiving care from staff in their own homes. One person told us, "I feel one hundred percent safe. They [staff] are just so nice, friendly and personable."
- People's relatives were confident staff helped their family members stay safe. One relative said, "Staff always do their best, so I don't have any worries about [family member's] care."
- Staff received training in, and understood, how to identify and report potential abuse involving the people who used the service. They were reminded of their safeguarding responsibilities through, for example, the registered manager's monthly bulletins to staff and staff meetings. Staff told us they would immediately report any abuse concerns to the management team and were confident these would be fully investigated.

Assessing risk, safety monitoring and management

- The risks associated with people's individual care and support had been assessed, recorded and kept under review. This included consideration of people's health, mobility, nutrition, their community-based activities and any potential hazards within their home environment.
- Plans were in place to manage identified risks to people. Staff confirmed they read and followed people's risk assessments and care plans to keep them safe.
- Staff were kept up to date with any changes in risks or people's needs by, amongst other things, twice-weekly email updates from management.

Staffing and recruitment

- People and their relatives told us they received a consistent and reliable service from the provider, and that staff contacted them if they were running late.
- Whenever possible, people's care was provided by a small team of regular staff whom they knew well. One person told us, "We have regular carers [staff] so we can get used to them and them to us."
- Pre-employment checks were carried out on all prospective staff to ensure they were suitable to support people in their own homes.

Using medicines safely

- People and their relatives confirmed staff provided the level of support people needed to take and manage their medicines safely.
- Staff had training in the provider's medicines procedures and felt confident following these.
- Staff maintained accurate and up-to-date medicines records to confirm people had received their medicines as prescribed.

### Preventing and controlling infection

- Staff received training on how to protect people and themselves from the risk of infections.
- Staff were supplied with personal protective equipment (disposable gloves, aprons and shoe covers) to reduce the risk of cross-infection. People and their relatives confirmed staff made appropriate use of this equipment.

### Learning lessons when things go wrong

- Staff reported and recorded any accidents or incidents involving people who used the service.
- The management team reviewed these reports to identify any potential learning for the service, and took any action needed to ensure people's safety and wellbeing.



# 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 and their relatives explained they met with management, before their care started, to discuss what they wanted and needed from the service.
- This initial assessment enabled management to produce risk assessment and care plans to guide staff. These were reviewed and updated every six months, or sooner if people's needs changed. One staff member explained, "We can read a new service user's care plans before we go in to support them, which is great. There is always plenty of information available to follow, and someone is always at the end of the phone if we have any questions."
- Staff understood the need to promote people's equality and diversity through their work, and to avoid any form of discrimination. They spoke positively about the provider's fair and inclusive approach towards planning and delivering people's care and supporting their staff.

Staff support: induction, training, skills and experience

- People and their relatives felt staff had the knowledge and skills they needed to meet people's individual care needs. One person told us, "They [staff] are definitely a well-trained team."
- New staff completed the provider's induction training to help them settle into their new roles. During this period, they completed initial training, 'shadowed' more experienced staff and their competence was checked. Staff spoke positively about their induction experience.
- People were supported by staff who received a programme of training, based around their duties and responsibilities and people's individual care needs. Staff spoke about the benefits of the training they had completed to date. One member of staff described how their dementia training had enabled them to better support and empathise with people with the condition.
- Staff were supported to take on lead roles within the service, such as 'dementia specialist', which enabled them to share best practice with their colleagues.

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

- People and their relatives told us staff gave people the level of support they needed to prepare meals and drinks of their choosing.
- Any risks or complex needs associated with people's eating and drinking were clearly recorded in their care files. Plans were in place to manage these needs and risks, incorporating any specialist nutritional advice received.

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

- People and their relatives confirmed staff helped people seek professional medical advice or treatment if they were unwell. One relative told us, "Staff are always very hot on any health issues involving [family member]. They will notify me and call in the GP or emergency services if necessary."
- People's care files included information about any current medical conditions which may impact upon their care, and staff's role in helping them to manage these.
- Staff worked effectively with community health and social care professionals to ensure people's individual care needs were monitored and addressed.

#### 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.

- People and their relatives told us staff recognised their right to make their own decisions and respected their choices. One person explained, "They [staff] will never do anything without asking me first and letting me know what's going to happen. If I want to make any changes to how they care for me, they will always respect this."
- People's care files included guidance for staff on the individual support they may need with decision-making.
- Staff received training on the MCA and their understanding of people's associated rights was checked at regular intervals.

# 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 and their relatives felt staff adopted a kind and compassionate approach towards their work. One person told us, "They [staff] are wonderful; you can't fault them. They have a marvellous caring attitude." Another person said, "They [staff] are one hundred percent caring. The job they do is admirable, and they always do it with a smile on their faces."
- Staff demonstrated good insight into people's individual care needs, and spoke about those they supported with respect and affection.
- Whenever possible, staff were matched to those they supported, based upon shared hobbies and interests.

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

- People and their relatives told us they felt able to discuss the care they received with staff or management at any time. They felt confident they would be listened to and involved in any decision-making affecting them. One person told us, "They [staff] are always very receptive to my feedback and act on this. They are interested in what I have to say."
- People's care files in their homes included 'anytime feedback forms' to encourage people to share their views with the provider at any time they wished.
- The management team arranged six-monthly care reviews with people and relatives to check the care provided was still meeting their needs and discuss how this could be improved.
- People and their relatives were provided with details of independent sources of advice and support on their care through, for example, the provider's quarterly newsletter.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives confirmed staff treated them with dignity and respect at all times.
- Staff gave us examples of how they ensured people's privacy and dignity whilst providing their care and support. This included offering people choices about how their care was provided, respecting their decisions and promoting their independence.
- Staff understood the need to protect people's personal information and the provider's systems and procedures enabled them to do so.

## 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

- People and their relatives told us the care and support staff provided reflected their individual needs and requirements. One relative said, "We've got the care package we need for [family member]. They [staff] do everything family member needs them to do." Another relative said, "They [provider] make a real attempt to make sure what we want is what we get."
- People's care plans were individualised and reviewed with them and, where appropriate, their relatives on a six-monthly basis. They included information about people's personal backgrounds, preferences and goals to promote a person-centred approach.
- Staff confirmed they read people's care plans and helped to ensure these remained accurate and up-to-date. One staff member explained, "People's care plans are always being reviewed [by management] and we can also let them know if they need to be updated because something's changed."
- People were supported to participate in social and recreational activities, such as swimming or meals out, where this was an agreed part of their care package.

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.

- People's care files included information about any sensory impairments or specific communication needs they had, and guidance for staff on how to promote effective communication.
- The provider had the facility to produce information in alternative accessible formats, such as large-print and easy-read documents, upon people's request.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise complaints about their care, and told us they felt comfortable doing so. Whilst those we spoke with had not raised formal complaints to date, they confirmed any minor issues or concerns had been resolved by the provider.
- The provider had a complaints procedure in place to ensure all complaints were handled fairly and consistently.

End of life care and support

- Staff received training on how to support people at the end of their lives. They worked with community health and social care professionals to ensure people's end-of-life needs were identified and met.

# 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

- People and their relatives spoke positively about the management team's approachability and responsiveness to any issues or concerns. They felt their views and suggestions were welcomed by management. One person told us, "They [management] are absolutely great and very friendly. They always respond to our calls or emails." A relative said, "I'm delighted with management. They take the time to listen to us and do their best to put what we request into practice."
- Staff spoke about their work for the provider with enthusiasm and a clear commitment to providing person-centred care. One staff member told us, "I love the clients [people who use the service]; they are absolutely everything to me. The company are good to work for. It feels like one big family and we all get along well with one another."
- Staff told us the management team were approachable, fair, supportive and always willing to listen. One staff member said, "[Registered manager] is amazing; we get lots of personal support. They [management] are always at the end of the phone and there to help you no matter how big or small the issue."
- The provider took steps to ensure staff felt valued and to recognise their willingness to 'go above and beyond the call of duty' for the people they supported. These included a monthly staff award scheme and quarterly staff outings. One staff member told us, "You're not just a number [to provider]. They even buy us flowers on our birthdays."

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 management team understood the legal requirement upon them to inform people, and relevant others, if they were harmed as a result of the care and support provided.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

- Staff and management were clear about their respective roles within the service and felt they had the support needed to succeed in these.
- The management team worked effectively with one another and communicated well with staff to ensure there was a shared understanding of people's current needs, risks and any quality performance issues.
- The provider carried out regular audits and checks to monitor and identify ways to improve the quality and safety of people's care. These included regular unannounced spot checks with staff, monthly and quarterly medicines audits and the ongoing monitoring of incident, accidents and complaints. Monthly

senior management team meetings were held to ensure effective governance and drive improvement in the service.

- The management team took steps to keep themselves up to date with current legislative requirements and best practice guidelines. This was achieved through, for example, participating in further training and attending care conferences and events organised by the local authority.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- The provider actively sought the views of people, their relatives, community professionals and staff on the service through, for example, the distribution of six-monthly feedback surveys. The feedback received was analysed and responded to by the provider.

- Six-monthly care review meetings and quarterly staff meetings were organised as a further means of engaging with others and involving them in the service. Staff were also encouraged to submit any ideas or suggestions through a 'bright ideas' box in the provider's office.

- Staff worked collaboratively with a range of community health and social care professionals in ensuring people's individual needs were met. The community professionals we spoke with talked positively about their working relationships staff and management. One community professional told us, "[Registered manager] is fantastic and very helpful. She will respond to any emails or calls promptly."

- The provider took steps to develop and strengthen links within the local community and to promote the local care sector. This included sponsoring the county's annual care awards and supporting a number of local charity events.