

Harrogate Homecare Limited

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## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Harrogate Homecare Limited provides personal care and support to people in Harrogate and the surrounding area. Before we visited the manager told us that 36 people were receiving a personal care service.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

Feedback from people who used the service and from relatives was wholly positive. People spoke extremely highly about the care they received and they and their relatives spoke positively about staff sensitivity, kindness and compassion.

Staff were found to be thoughtful, friendly and courteous and acted to promote people's independence and sense of emotional wellbeing.

Appropriate arrangements were in place to assess and manage risks safely including potential risks associated with medicines management. Safe recruitment practice was followed, which minimised the risk of appointing someone unsuitable for the job.

Staff had received training including safeguarding training and were confident that the manager would act to respond to any concerns.

People are supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People were actively involved in discussions and decisions made about their care and they were supported to eat and drink according to their plan of care.

People's care needs were met effectively by staff who were trained to ensure that they had the right skills and knowledge to provide safe care.

Care plans detailed people's care and support needs. Care workers knew about people's support needs and provided a service that met their individual needs. Appropriate systems were in place to ensure staff were kept updated about people's changing needs in a timely way and able to act upon advice from health and social care professionals.

People told us they had not needed to complain. However, they were confident that any issues they raised would be dealt with appropriately.

People who used the service and their relatives felt managers and care workers were approachable and they were able to give feedback about the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains caring.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains good.	<b>Good</b> ●

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## **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 checked 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.

This comprehensive inspection took place on 14 June 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be available to speak with us.

The inspection was carried out by two adult social care inspectors 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.

Before our inspection we reviewed the information we held about the service, including the Provider Information Return (PIR) which the provider completed before the inspection. The PIR 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. We looked the information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We used this information to plan the inspection.

On 14 June 2017 two inspectors visited the agency office and spoke with the registered manager and three other members of the management team, two care staff and one person who used the service. We reviewed care records for four people and a sample of records relating to the management of the service. We looked at three staff recruitment files, training records, staffing rotas, quality audits, policies and procedures and the statement of purpose. We considered surveys completed by four staff and two people who used the service.

Following our visit the expert by experience telephoned and spoke with eight people who used the service and with two relatives.

## Is the service safe?

### Our findings

People who used the service told us they felt safe and were satisfied with the support they received. With regard to staff one person with told us, "I feel very safe with them [staff]; they never let me down. Another person said, "I definitely feel safe when they [staff] are here; they look after me." Relatives also expressed the view that their relative was safe with the care and support they received. With regard to staff comments we received included, "[Name] is completely safe with them," "I do feel [Name] is safe, yes. They are so reliable" and, "[Name] has mobility problems and they make sure [Name] is safe, yes." We observed staff supported people in a courteous and respectful manner. Staff answered telephone enquiries promptly and were patient and polite when responding and speaking with people.

Staff were clear about the procedures they would follow in case of abuse and were confident that managers would address any concerns immediately. Staff told us that they would not hesitate to speak with one of the management team. Comments included, "A manager is available all the time. I am very confident of that" and, "There is always one of the managers on call 24hrs a day." Staff confirmed they had been trained in safeguarding and this was confirmed by the records we looked at. The manager reported no safeguarding alerts had been raised since the last inspection.

Clear procedures were in place for identifying and managing risk. Risk assessments were signed by staff to show that they had been read and dated when seen.

We looked at people's care plans and saw risks to people's safety, in areas such as mobilising, nutrition and hydration, were assessed. We found that where a risk was identified, people's care plans could include guidance to help staff support them in a safe manner. Despite this staff were able to clearly describe how they supported individual people safely. People told us they thought staff had the necessary training to look after them safely. One person told us, "I am very safe. The staff all have the right skills to look after me." After our visit the manager wrote to us to confirm that they had devised client specific risk assessments for epilepsy and the use of a ceiling track hoist, to demonstrate good practice.

We found appropriate documentation and checks were in place to recruit staff safely. Checks included an application form so gaps could be explored, references, an interview and a disclosure and barring service (DBS) check. This included a police check and assurance that the potential candidate had not been excluded from working with adults at risk. These measures helped the registered provider make safer employment decisions.

People told us that staff were reliable, usually arrived on time and that they always stayed for the agreed length of time. Comments we received included, "They [staff] can be late if someone has held them up but they usually let me know," "They [staff] are usually very prompt and only held up by the traffic" and, "I have no problems at all with their timing." The manager told us staffing levels were based on the individual needs of people who used the service. Staff confirmed that they had time to spend with people. One care worker told us, "I have enough time to spend with clients. I am not rushed. If I was I would come in the office and tell the managers." Another care worker said, "I have enough time between calls so I always have plenty of time

for each client."

We looked at how people's medicines were managed. We saw people received their medicines when they needed them and people were supported to manage these themselves. Staff completed medicines training and had access to policies to guide their practice.

Medicines were obtained on an individual basis, with some people managing these by themselves, or with the support of their relatives. One person told us, "I self-medicate with my morphine patches but they always check to see if I have changed it." The medicines administration records that we saw were completed appropriately. Managers reviewed these on a regular basis so that any shortfalls could be identified and suitable actions put in place. This meant there were measures in place to make sure medicines were safely managed and administered as prescribed.

## Is the service effective?

### Our findings

People praised the staff team and they told us that staff were competent and well-trained. With regard to staff, the comments we received included, "They [staff] are excellent," "Very efficient but friendly too," "All very obliging, very good" and, "All lovely, lovely people and very competent, yes."

We spoke with a manager who co-ordinated the training staff received and looked at how the provider trained and supported their staff. Staff had completed, or were undertaking the Care Certificate and records we saw confirmed this. The Care Certificate is an identified set of standards with learning outcomes, competences and standards of care that are expected from social and health workers in their daily working life.

Staff told us about the training they undertook to meet people's needs effectively. Records showed staff had completed training and the date that refresher training was due. All staff were expected to complete training at clearly defined intervals and new staff completed a structured induction period. Topics included manual handling, safeguarding, first aid at work and safe handling of medicines. This confirmed staff training was well managed.

The manager told us they encouraged staff to undertake any additional or refresher training they would like to do. Staff we spoke to confirmed with us that they were able to do this. One member of staff told us, "I am very happy with the training. All of it has been helpful in my day to day work." The training provided was audited and staff were asked to complete training evaluation questionnaires. This meant that the registered provider kept the training programme under review to ensure staff had access to training that would support them to effectively undertake their role.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. In a domestic setting the Court of Protection is responsible for any decisions made to restrict a person's freedoms. The manager told us no one had their liberty restricted.

We checked whether the service was working within the principles of the MCA. The registered manager and staff were aware of the processes to follow where it was felt a person's normal freedoms and rights were being significantly restricted. Staff had a good understanding of the principles of the MCA and could describe the ways in which they obtained consent from people they supported. One staff member told us, "I would be careful about not taking away people's rights and get their consent to do something for them." This demonstrated to us that before people received any care or treatment they were asked for their consent and the provider acted in line with people's wishes.

Staff spoken with told us they were provided with regular supervision and they were supported by the management team. A staff member who told us they had regular supervision said, "My manager is very supportive and if I need anything at any-time, I can ask." This meant staff had the opportunity to discuss their responsibilities and to develop in their role.

People confirmed staff supported them to maintain a balanced diet. Staff prepared meals for people as required and had received training in basic food safety awareness. Comments included, "The carers get a meal ready for me if I need it" and, "They [staff] make my breakfast for me." Another person who told us that they prepared their own meals said staff always checked if they could help in any way. They said, "They [staff] always ask if I have eaten when they arrive."

Staff told us they checked in the care plan to make sure of a person's preferences. They were aware of the special dietary needs of a person they supported and described the specialised diet they needed to follow. We saw records to confirm that people's food preferences were taken into consideration and how they needed to be supported.

People were supported to maintain good health on a day to day basis. Information about people's medical needs or changes in their conditions were recorded and written in a respectful manner. People we contacted told us they managed their own medical appointments; however staff would assist with arranging and attending appointments when needed.

## Is the service caring?

### Our findings

Without exception people told us they were treated with great kindness and compassion. One person who described the care they received to us as excellent said, "I would say the care is brilliant, I would be lost without them." Another person told us, "They [staff] are very caring people and have become our friends. We trust them completely."

When we asked about the quality of care they received, one person told us, "I would say they [staff] provide wonderful care and will do anything for us. They help with shopping, appointments, anything." Another person told us they were highly appreciative of the staff support they received. They said, "I have a really nice team and I am very happy with them. They are really helpful and will do anything I need doing. They always ask if there is anything else they can do before they leave." A further comment made to us was, "They [staff] are wonderful. I am very happy with them."

The registered manager told us they were "Passionate" about providing high quality care and to ensure that the people who used the service were central to the care provided. One person who confirmed this was the case told us, "I would say the care is fantastic and they do everything I need." Another person described the positive relationship in place with their staff team. They said, "The staff are all so obliging and are always very concerned for me." They went on to say, "They [staff] are never rushed; it really is as though they have all the time in the world just for me."

In a letter of support we looked at one relative commended the staff team. They stated, "We could not have asked for a better standard of care. You and your team gave us peace of mind about [Name's] welfare."

We found that staff fully understood their role in providing people with effective, caring and compassionate care and support. During our visit we saw staff provided thoughtful touches, to support people with their independence and promote a sense of wellbeing. Staff were knowledgeable about people's individual needs, backgrounds and personalities. They explained how they involved people in making decisions. One person who used the service told us, "They [staff] will always do whatever I ask them to. I am very happy with their care." The person went on to say, "They do encourage me to do as much as possible myself as I am very independent but it is really useful when they do my shopping in the bad weather when I can't get out." Another person told us, "They [staff] do what I need but they do encourage me to do things myself if possible"

We observed staff encouraged people to express their views as part of daily conversations, and in satisfaction surveys to people who used the service and relatives. One care worker said to us, "I love coming to work" and the surveys we saw described the quality of care in the following terms: "Faultless," "Excellent" and, "Couldn't be better".

All the people we spoke with said they would recommend this service to a friend or loved one. One person who had used the service on a short term basis said they would not hesitate to use the service again if needed. They said all the staff were, "Excellent" and, "Always ready to do another job to help." Other

comments from both people who used the service and relatives that we saw included, "I cannot thank you enough for my support," "Thank you from the bottom of my heart" and, "We have found the staff always go 'the extra mile' to make sure [Name] is happy and safe, thank you."

In their PIR the manager told us that a member of staff had undertaken specific training to be a champion for end of life and dementia care. Because the member of staff had subsequently left another staff member had been identified to undertake this training to benefit people on end of life care and the staff team as a whole. We saw feedback from relatives which commented on the care given to their loved one at this time. In their feedback the relative stated the care was, "Of the highest order." They went on to describe the care their family member had received as 'meticulous' in 'very difficult and demanding circumstances'. A relative for another person who had received end of life care had written, "Thank you for all your brilliant care. I will miss the ring at the door."

We observed staff responded to people who used the service and each other in a friendly, courteous manner. When speaking with us people told us about numerous small gestures that demonstrated staff adopted a consistently caring and kind approach. One example we heard about was a party staff had arranged for one person to celebrate a special birthday. Although the person had subsequently died staff used the celebration as a way for the staff and friends to meet together as a remembrance event and to celebrate the person's life.

## Is the service responsive?

### Our findings

People told us that their care was person centred and was always tailored to their personal needs. Everyone we spoke with reported that they would feel able to raise a complaint although, in practice, people said they had not needed to. With regard to complaints, people's comments included, "I would have no problem but I have never had to complain," "I would ring the office if I had a problem, but I never needed to" and, "I would have no qualms at all but I have never had a problem with them."

People told us staff responded promptly to requests for changes and wherever possible they said that requests for changes would be met. One example was of a person who was moving into a care home and needed some assistance to get ready. A member of staff who told us about this said they went out quickly to assist the person. They said, "It's very rare we can't help, even at short notice." One person told us, "If I need to change anything I just ring them. They [staff] are very helpful." Another relative said, "The staff are so helpful. They have helped us organise respite and also to get more hours when [Name] comes home." During our inspection we observed instances of staff being responsive to requests for rota changes.

An assessment was completed before a care package was agreed and this meant that people could be confident that staff could meet their care needs before care was provided. Individual care plans were developed from the information gathered at the assessments to ensure staff had the correct information to provide effective care. Not all of the people we spoke with knew about their care plan or how staff used this to identify and plan care. However, people were confident that the care provided met their personalised needs. One relative confirmed they knew about the care plan in place and confirmed this had been reviewed.

The care plans we saw covered areas such as religion, personal appearance, safety, mobility, hygiene, nutrition and elimination, together with likes, dislikes and social activities. We saw that where a person's needs had changed a new assessment was carried out and the care plan was updated accordingly. Information regarding any changes was included in the staff memos sent out to each staff member. This made sure that essential information was safely passed between managers and staff.

Care plans were reviewed regularly and we saw if new areas of support were identified then care plans were developed to address these. In the main we saw that care plans were sufficiently detailed to guide care practice and the manager acted upon advice given to them. Staff completed daily progress notes so new staff were aware of the support that had been provided. Daily progress notes were written in a respectful manner; they were clear and were timed and dated. This made sure that there was an accurate account of the care provided and people's progress, health and wellbeing could be monitored over time.

It was evident from our discussions with staff that they knew people very well and provided personalised care in a way that met people's individual preferences and care needs.

## Is the service well-led?

### Our findings

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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.

People said that the managers and office staff were helpful and approachable. Comments included, "They are all very helpful in the office, "They [office staff] are really nice people" and, "They are all approachable, nothing is too much trouble."

In our discussions with managers and staff they were clear about the ethos and values within the service. Staff told us that the managers were supportive and that there was a good atmosphere. One care worker told us, "The company I work for are brilliant with the people we care for. It is the whole team working together." When asked about the service's values one relative told us the managers and staff were, "All very caring and informative." Another relative said, "I would say that they [staff] are very kind. They look after [Name] well and keep us informed of changes." One person who used the service commented, "I would say it is very good organisation and I have no problems at all." Another person said, "I think it is a good company. I am very pleased with them and they have all become friends." A further comment we received was, "They [managers] are open and honest."

There was a clear management structure and we found this provided effective leadership to the service. The manager described the initiatives they were involved with and we saw these were designed to ensure that staff were kept updated with best practice and to ensure an environment of continuous improvement was fostered. One example was independent certification to meet national business standards.

The management team carried out a range of audits and maintained clear and accurate records of the checks they had undertaken. Examples included incidents and accidents, staff records including staff recruitment and staff training records, care plans and medicines. This meant that management systems to identify shortfalls and to take action to drive improvement were in place. Staff were subject to spot checks of their practice and people's views were sought during care visits and spot checks, together with annual surveys. Feedback from people who used the service, their relatives and staff was positive.