

Harino Care Limited

Harino Care Limited Head Office

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Harino Care Limited is a domiciliary care agency. It provides personal care to people living in their own homes. The service supported older people, people living with dementia and people with a physical disability. At the time of the inspection it was providing care to 135 people.

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.

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

People were protected from avoidable harm by staff who had received appropriate training and knew how to recognise and report abuse.

Staff understood and provided the support people required to keep them safe and protect them from identified risks, such as malnutrition, falling, choking, developing pressure sores and infections.

There were enough suitable staff to meet people's needs and provide safe care. The registered manager and care coordinator had improved the coordination of visits to meet people's preferred times to receive their care.

People received their prescribed medicines safely from staff who had completed the required training and been assessed to be competent. Staff had the necessary skills to meet people's needs and were well supported by the registered manager to develop their knowledge in line with good practice.

People had the necessary support to eat and drink to maintain a healthy balanced diet, in line with their needs and preferences.

Staff worked well with people, families and health and social care agencies to support people's wellbeing. People's health was effectively monitored by staff to ensure people received the right support from the wider health and social care network.

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 treated people with kindness and respect. People were supported to express their views about their care and their wishes were respected. People's privacy and dignity were respected and promoted during the delivery of their care.

People received personalised care that was responsive to their individual needs and preferences. Staff enabled people to raise concerns and complaints, which were responded to effectively to improve people's experience of the care provided. The service was not supporting anyone with end of life care. However, the registered manager had provided people with the opportunity to discuss their wishes and preferences in this regard, which were subject to regular review.

There was an open and positive culture within the service, which enabled and encouraged good communication with people, their families and other stakeholders. The registered manager effectively engaged with people, staff and professionals to seek their views, which were used to drive service improvements. Quality assurance processes were in place to ensure the provider had oversight of the service performance. The registered manager and staff co-operated well with key organisations to ensure the safe and effective delivery of people's care.

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

Rating at last inspection

The last rating for this service was good (report published 18 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide 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 homes.

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. They are referred to as the "registered manager" throughout the report.

Notice of inspection

We gave the service 48 hours' notice of the inspection visit as we needed to be sure that the registered manager and supporting office staff would be available.

What we did before the inspection

We reviewed the information the registered manager 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. We reviewed the notifications received from the provider, since the last inspection. The law requires providers to send us notifications about certain events that happen during the running of a service. We contacted local authority

teams engaged with the service, including clinical commissioning groups, continuing health care groups, safeguarding and quality assurance teams.

During the inspection

The inspection site visit was completed on 5 and 9 September 2019. On 9 September 2019 we spoke with three people who used the service during home visits.

During the site visit we also spoke with the registered manager, nominated individual, the provider, the human resources manager, the care coordinator, two field supervisors, a senior care trainer and a support worker. The nominated individual is responsible for supervising the management of the service on behalf of the provider. After the site visit we spoke with four senior care trainers and 14 support workers. On 13 September 2019 we completed a telephone survey and spoke with 16 other people who used the service.

We reviewed the service care records, including eight people's care plans and medicine administration records, risk assessments relating to skin care, falls management, and nutrition. We reviewed the daily progress notes of four people. We looked at ten staff recruitment and training files, together with the provider's training and supervision schedules. We also examined other documents relating to the management of the service, including policies, procedures, quality assurance documents, audits and satisfaction surveys.

After the inspection

We spoke with eight community health and social care professionals. We continued to seek clarification from the provider to validate evidence found during the site visit and considered further documentation that had been provided following discussions with the registered manager.

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 had remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- In March 2019 the local authority Care Quality Team visited the service and identified areas which required improvement. These were subject to an improvement plan and included how the service responded to safeguarding concerns and safe recruitment practices. During our inspection we found the registered manager had worked effectively in partnership with the local authority Care Quality team to make the required improvements.
- People and staff were actively encouraged to raise their concerns and to challenge risks to people's safety. Whenever people and staff raised concerns, the management team had listened and taken decisive action to resolve their concerns.
- The registered manager monitored all concerns daily to ensure they were reported, recorded and investigated thoroughly.
- People were protected from avoidable harm by staff who had received appropriate training and knew how to recognise and report abuse. In addition staff had attended safeguarding workshops provided by the local authority. During the inspection we attended a team meeting where safeguarding concerns were reviewed and any themes and trends were discussed in detail.
- People consistently told us they felt safe and trusted the staff who supported them. One person told us, "The girls [staff] are so kind and gentle. They make me feel safe." A relative told us, "The carers [staff] are amazing. They are so kind and patient, never in a rush, which is reassuring for [loved one] and makes [loved one] feel safe and cared for."

Assessing risk, safety monitoring and management

- The registered manager was in the process of updating all risk assessments to provide more specific guidance for staff, in readiness for the service transition to an electronic system.
- Risks to people's safety had been identified and were managed safely.
- Staff could explain how they minimised risks to people's health and well-being. For example, staff knew the individual support people required to protect them from the risks of falling, choking or developing pressure sores.

Staffing and recruitment

- People told us they experienced good continuity and consistency of care from staff, who knew them well.
- In response to concerns highlighted in the local authority improvement plan, the provider had developed a robust recruitment system to ensure all necessary pre-selection processes had been completed. This included relevant security checks in the country of staff origin. The provider had assured the suitability of

staff to support people to stay safe.

- The registered manager and field supervisors analysed the ratio of staff and skills they required to support each person. This ensured staff were deployed, with the right mix of skills to deliver care and support to safely meet the needs of people made vulnerable by their circumstances.
- The provider was able to demonstrate that minimum staffing levels were met to ensure people were safe. People told us they had not experienced missed calls. However, staff consistently told us they were frequently working extra shifts to cover unexpected absences. Members of the management team, including field supervisors consistently told us they were having to cover care calls at the expense of their supervisory responsibilities. The registered manager and human resources manager were aware of this staffing resilience issue and were actively recruiting further staff, including an additional management post.

Using medicines safely

- The provider's policies and procedures provided clear guidance to enable staff to manage people's medicines safely, in accordance with current guidance and regulations.
- Staff clearly understood their role and responsibilities in relation to each person's medicines.
- Staff competency to administer medicines was assessed regularly by the registered manager, to ensure their practice was safe.
- Staff worked closely with people to involve them in the management and administration of their medicines
- Daily records confirmed that people received their medicines as prescribed, and in a manner, they preferred. People were treated with dignity when supported with their prescribed medicines.
- When medicine errors had occurred, staff followed the provider's procedures to ensure people were safe and necessary learning was implemented to prevent a further occurrence. For example, by reviewing their procedures and providing additional training and competency checks where required.

Preventing and controlling infection

- People and relatives consistently told us that staff demonstrated high standards of hygiene and cleanliness.
- Staff were able to demonstrate a clear understanding of the importance of managing the control of infection effectively and how this applied to the delivery of their care to people. For example, one person who had been identified to be at high risk of developing infections told us they had experienced numerous recurring infections, with associated hospital admissions. They told us that whilst being supported by this service they had only experienced one such infection during the past three years.
- Staff had completed relevant training in relation to infection control and food safety. People's health was protected because staff consistently followed good food safety and hygiene practice when preparing or handling food.
- We observed staff had access to the necessary personal protective equipment to minimise the risk of infection, such as disposable aprons and gloves.

Learning lessons when things go wrong

- All accidents and incidents were immediately reported to the management team, recorded and then reviewed daily by the registered manager.
- The registered manager listened to staff feedback and acted upon it to make sure people received safe care.

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 had 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 consistently told us they received effective care and support from staff who knew how they liked things done.
- People, relatives and professionals told us staff had the required skills and knowledge to meet people's health and emotional needs. People consistently praised the expertise of staff who provided effective care to meet their needs. One person told us, "She [staff member] saved my life. She insisted that I went to hospital because I had chest pains. I told her to stop fussing but I had one of those ECGs which showed I was having a heart attack. I wouldn't be here without her." An ECG is a test to check the heart's rhythm and electrical activity.
- People, relatives and professionals consistently told us the staff delivered care in accordance with their assessed needs and guidance within their care plans, which we observed during the inspection.
- The provider carried out comprehensive pre-admission assessments to make sure they understood and were able to meet people's health, care and medical needs. These assessments considered all aspects of people's lives and were regularly reviewed and updated.
- The registered manager was in the process of reviewing all care plans in preparation for the provider's imminent transition to an electronic system. Training in relation to the new care planning system was scheduled to be delivered the week after our inspection.
- People and their relatives told us they had been actively involved in creating and developing their care plans. When people's needs changed, their care plans were amended to ensure people received the care they required.

Staff support: induction, training, skills and experience

- The provider operated a system of training, competency assessments, supervision and appraisals. This enabled staff to develop and maintain the required skills and knowledge to support people according to their needs.
- New staff had completed a thorough induction process that equipped them with the necessary skills and confidence to carry out their role effectively. This included a period shadowing a senior staff member to introduce them to people and demonstrate how they wished their care to be delivered.
- Staff consistently praised the registered manager for investing time in their personal development, making themselves available to provide additional training for staff if they were unsure about anything.
- Records demonstrated that prior to their appointment the registered manager had identified that supervisions and appraisals had not always been completed in line with the provider's policy. At the time of

inspection records demonstrated that all staff had received a supervision in the previous quarter and had received an annual appraisal or had one scheduled. The registered manager demonstrated that training to deliver supervisions had been arranged for supervisors to ensure the effective supervision and continued development of staff.

- Professionals reported that people experienced effective care from staff who had the required skills to carry out their roles and responsibilities competently.

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

- Staff supported people to eat and drink enough to maintain a healthy, balanced diet.
- The provider placed a strong emphasis on the importance of eating and drinking well. Staff protected people from the risk of poor nutrition, dehydration, swallowing problems and other medical conditions, by consistently following guidance from relevant professionals.
- People and relatives reported that staff actively encouraged people to drink to ensure they were protected from the risks of dehydration.
- If people needed support preparing food or drink, this was recorded in their care plans, and support was provided in accordance with their wishes.
- We observed staff ensured people had access to their preferred drinks, which were left within their reach, before they completed their visits.

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

- Staff made prompt referrals to GPs, specialist nurses and other relevant healthcare services to ensure people's needs were met.
- Staff worked effectively with healthcare professionals to make sure care and treatment met people's current and changing needs.
- Healthcare professionals told us that staff were keen and enthusiastic to embrace their advice and implemented their guidance effectively, which achieved positive outcomes for people.
- Staff worked together to ensure that people received consistent, coordinated care and support, when they were referred to or moved between different services.
- People consistently praised the support they received when being admitted or discharged from hospital. One person told us, "They [staff] all go the extra mile for me. When I broke my arm and had to go to hospital they [staff] were very kind and helpful." Another person told us, "I don't know what I'd do without them [staff]. I don't know where I would have been when I came out of hospital."

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. At the time of inspection, the service was not supporting anyone who was subject to such an authority.

- People's human rights were protected by staff who had demonstrated a sound understanding of consent

and the MCA. We observed staff seeking consent from people using simple questions and giving them time to respond. Staff supported people to make as many decisions as possible.

- People consistently told us they had consented to the care and support detailed within their care plans.

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 had 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 experienced positive, caring relationships with staff who consistently treated them with kindness in their day-to-day care. One person told us "The carers [staff] are 100 hundred per cent bang on. I sometimes feel they're doing more than they should. They [staff] do lots of little things to make me feel special."
- Relatives consistently praised the caring attitude of the staff and made comments such as, "We think they [staff] are amazing, they're just perfect, the way they engage with [loved one] and take their time"
- Visiting professionals made positive comments about caring staff interactions with people, which we observed during home visits.
- The registered manager completed observations and sought feedback from people to ensure staff delivered care in a kind and compassionate manner.
- Staff spoke with pride and fondness about people they supported. Staff told us how they had developed meaningful relationships with people, which inspired them to provide the best possible care to improve the quality of their lives. For example, one staff member said, "It is a joy to work here, to make a difference and make people smile, which is makes me happy to feel I have made their life better in just a small way."
- Staff training included equality and diversity, which prepared staff to meet people's diverse needs arising from their individual cultures. People's diverse needs were clearly identified in their care plans and staff provided support to meet them, including those related to disability, gender, ethnicity and faith.
- Staff knew how to care for each person's emotional and spiritual wellbeing, in line with their wishes.

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

- Care plans were developed with people, their relatives, and staff knowledge gained from working closely with them.
- People's changing needs and current preferences were reflected in care plans, which were reviewed regularly.
- People and their relatives told us their continued involvement in regular reviews of their care with the registered manager and staff had developed even more trust and respect.
- Staff used appropriate communication methods to enable people to be involved in planning and reviewing their care.
- People were encouraged and supported by staff to make decisions about their daily care.
- We observed staff providing information and explanations to people whilst delivering their support, which reassured them.

Respecting and promoting people's privacy, dignity and independence

- Respect for privacy and dignity was embedded in the service culture.
- People consistently felt respected, listened to, and involved in the development of their care.
- We observed that people were supported to promote their independence and encouraged to complete tasks that they could do, to maintain their life skills.
- Staff understood the importance of making people feel comfortable in their own homes. One staff member said, "We are always told to remember that we have been invited into people's homes and must always respect people's wishes and privacy."
- Staff were particularly sensitive when people needed caring and compassionate support to explore their needs and preferences and those of their family members. A relative told us, "The way they [staff] have cared for [loved one] has been marvellous, but they also they make sure I'm okay which makes me feel cared for as well."
- Staff described how they maintained people's privacy. For example, delivering people's personal care in the way they chose.
- The provider stored people's confidential information securely in accordance with legislation. This information was readily available when required to those authorised to have access to it.

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 had 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

- Care plans provided the information about how to meet people's health, medical and care needs. However, some care plans would have benefitted from having more details about people's life histories, their personal ambitions, skills and abilities.
- This had not had a negative impact on people because staff consistently demonstrated an in-depth knowledge about these aspects of people's lives, their individual needs, personal preferences and how they wished to be supported. We observed this reflected in the delivery of their care and support during home visits.
- Staff were proud of the personalised service they provided, including their prompt response to people's changing needs, based on their in-depth knowledge of the people they supported.
- Professionals consistently told us the service provided personalised care that was responsive to people's needs.

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.

- The registered manager and staff had a clear understanding of the AIS and could explain how they met the standard whilst delivering people's day to day support.
- Staff effectively identified the information and communication needs of people with a disability or sensory loss and found innovative and technological solutions to meet them. For example, the relative of a person who was deaf told us how staff had enriched the quality of their life by effectively communicating with them. They told us, "They [staff] have been brilliant for [loved one]. They [staff] always make sure they are looking at her, so she can lip read. They [staff] know all her unique gestures and expressions and are very good at using her magic board (electronic device).

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

- Staff promoted people's independence by supporting them to take part in activities according to their wishes and abilities. Staff supported people to maintain relationships that mattered to them, such as family, community and other social links.

Improving care quality in response to complaints or concerns

- People and relatives consistently told us, the open and transparent approach of the registered manager whenever they raised a concern, was refreshing and reassuring.
- People were confident to share their worries and concerns with staff, who supported them to achieve successful solutions to problems.
- People had a copy of the provider's complaints procedure, in a format which met their needs and knew how to make a complaint.
- The provider had a complaints policy with clear guidance for staff about how to investigate and respond to complaints. Staff could explain the complaints policy and their roles and responsibilities to apply the correct procedures.
- Records showed complaints were investigated thoroughly and resolved promptly.
- The registered manager had used concerns raised to drive improvements in the service.

End of life care and support

- At the time of inspection, the service was not supporting anyone with end of life care. However, the registered manager was reviewing people's care plans to explore their end of life wishes in more detail.

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 had remained good.

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

- Staff placed people and their needs at the heart of the service by ensuring their dignity, independence and choices were prioritised. The provider had adopted a clear set of values based upon caring passionately about people and supporting them to live life to the full.
- People received a service where the provider's caring values were embedded into the leadership, culture and staff practice. Staff were focused to ensure people came first and received good outcomes.
- People experienced personalised care from a stable staff team who knew them well and were committed to ensuring they received care, which was individual to them.
- People trusted the registered manager because they responded quickly if they contacted them. They consistently described the service as well managed.
- People and relatives consistently praised the registered manager for being readily available, empathetic and extremely responsive, whenever they were worried or required support. For example, people made the following comments, "She [registered manager] is so caring and kind and regularly comes to see me in person to find out if I'm happy", "She [registered manager] is extremely good and comes out to see me immediately even if you have a small issue" and "She [registered manager] is very conscientious and sets a good example to her carers [staff] who follow her lead."

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 provider had a policy in place relating to duty of candour and the importance of transparency when investigating something that goes wrong.
- The registered manager had effectively engaged with the local authority quality team to develop staff culture in relation to reporting and recording any concerns raised.
- The registered manager assumed responsibility and accountability when concerns had been raised or mistakes had been made.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had developed audits to assess and monitor the performance of the service. For

example, monthly audits of people's medicine administration records and daily notes. We reviewed action plans developed from these audits, which highlighted issues found and detailed action required by staff to improve. The registered manager assumed personal responsibility to deliver additional training to staff, identified through these audits. The human resources manager completed an audit of staff files, which was then double checked by the registered manager.

- The provider held weekly governance meetings with the registered manager, where significant events were discussed to identify areas for improvement.
- There was a clear management structure within the service. The registered manager was highly visible and provided clear and direct leadership, which inspired staff.
- The management team had the skills, knowledge, and experience to lead effectively. Staff told us they felt respected, valued and well supported.
- The registered manager was aware of their responsibilities to report significant events to CQC and other agencies. Notifications had been received in a timely manner which meant that the CQC could check that appropriate action had been taken.
- The management team understood the importance of confidentiality. People's records were kept securely and only shared with those authorised to access them, in line with the General Data Protection Regulations.

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

- The registered manager spent time with people who used the service and with staff. This enabled them to seek people's views on a regular basis and involve people in any changes.
- People's views were listened to and acted upon.
- Staff told us the registered manager valued their views, which they were encouraged to share during supervisions, team meetings and at any time they needed to talk.

Continuous learning and improving care

- Staff effectively recorded accidents and incidents, which were reviewed daily by the management team.
- This ensured the provider fulfilled their responsibility and accountability to identify trends and acted to keep people and staff safe, by reducing the risk of repeated incidents.
- Service improvement plans had been developed to ensure action was taken to drive improvements identified.

Working in partnership with others

- Health and social care professionals consistently told us the registered manager actively sought their guidance and engaged in effective partnership working with multi-disciplinary teams.