

Harlestone Home Care Ltd

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Inspection report

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05 August 2021

06 August 2021

09 August 2021

11 August 2021

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Harlestone Home care is a domiciliary care service providing personal care and support to people in their own homes. At the time of the inspection there were 16 people receiving support.

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

The systems in place to monitor and quality assure the service had not always been maintained. The provider had not consistently maintained the level of oversight required.

People felt safe and cared for by the staff who supported them and who knew them well. Staff knew how to keep people safe and ensured people received the care they required at the time they wanted.

People could be assured they were being cared for by staff who were recruited safely and who had the skills and knowledge to support them. Infection prevention and control measures were in place and staff knew how to administer medicines safely.

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.

The care people received was person-centered. People had been involved in planning their care and felt able to speak up if they had any concerns or wished to make changes to their care.

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

The last rating for this service was requires improvement (published 6 February 2020) and there was a breach of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an announced comprehensive inspection of this service on 28 November 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve receiving and acting on complaints.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Harlestone Home care Ltd on our website at www.cqc.org.uk.

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 responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

Harlestone Home Care Ltd

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

This inspection was undertaken 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 and specialist housing.

The provider was also the manager registered with the Care Quality Commission. This means they 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 service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 5 August 2021 and ended on 11 August 2021. We visited the office location on 11 August.

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 prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection-

We spoke with four people who used the service and two relatives about their experience of the care provided. We spoke with six members of staff including the provider who was also the registered manager, the manager, the deputy manager, senior care worker and carers.

We reviewed a range of records. This included four people's care records and three staff files in relation to recruitment. We also reviewed a range of records relating the management of the service including policy and procedures in relation to management of complaints, staff supervision, and General Data Protection Regulation (GDPR).

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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

- Staff knew what signs to look for to keep people safe from harm or abuse and were confident if they reported any concerns to the provider appropriate action would be taken. One staff member said, "I always look out for any marks when I give personal care, I would not hesitate to report any concerns."
- People told us they felt safe with the staff who cared for them. One person said, "Everyone is very kind and friendly, if I had any concerns I would speak up."
- The provider understood their responsibilities to keep people safe and knew to notify the relevant authorities if any safeguarding issues arose.

Assessing risk, safety monitoring and management

- Assessment of risk to people's care had been undertaken and plans were in place to guide staff how to mitigate the risk identified. For example, people with mobility difficulties had plans in place as to how the person safely transferred, what support they needed and equipment required.
- Fire and health and safety checks were in place which ensured people and staff were safe in the home environment.

Staffing and recruitment

- There were sufficient staff to meet people's needs in a timely way. However, people told us there had been a lot of changes in staff over the last 12 months, which had impacted on the consistency in their care. At the time of the inspection, this had begun to settle down and overall, people had the same carers. One person said, "I tend to have the same three carers." The provider assured us they had recently recruited new staff and a new manager and deputy manager were in place.
- Staff arrived on time and people were contacted if they were running late or any changes had to be made. One person said, "The carers come on time and will let me know if they are running late." People had access to rotas so were able to check on who was coming and when.
- Staff recruitment processes protected people from being cared for by unsuitable staff. Staff were checked for any criminal convictions and satisfactory employment references were obtained before they started to work for the service.

Using medicines safely

- Medicine systems were organised, and people were receiving their medicines when they should. Timing of visits were planned to make sure people who required support with their medicines received them at the correct intervals.
- Staff had received training to administer medicines and their competencies were tested.

Preventing and controlling infection

- People were protected by the prevention and control of infection. Staff had completed training and were provided with personal protective equipment to support people safely.
- In response to the COVID 19 pandemic staff undertook weekly health checks and once testing was available staff had access to tests.

Learning lessons when things go wrong

- Accidents and incidents were recorded, and action taken to address any identified concerns.
- Any lessons learnt would be shared with staff.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

At our last inspection the provider had failed to record complaints so we could not be assured they were responded to in line with the provider's policy. This was a breach of regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 16.

- Complaints were recorded on an electronic system, actions and outcomes were captured. Since the last inspection there was only one recorded complaint and appropriate action had been taken.
- People told us they knew how to make a complaint. One person said, "If I had any concerns, I would just speak to the office staff."
- We reviewed the provider's policy which needed to be updated to reflect an electronic recording system was now in place.

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

- People's care was personalised to their needs. Care plans were person centred, detailing people's choices and preferences, likes and dislikes. Some had detailed life history, interests and hobbies. Some needed to be developed further. The deputy manager told us as and when people shared more information this would be added. Staff told us they felt there was sufficient detail for them to provide support in the way people preferred.
- People told us they and their families had been asked about their care needs, preferences and choices. One person said, "We [person and manager] went through my care plan to make sure all the information was there, even including whether I liked tea or not."
- Staff knew people well. People confirmed they usually had the same care staff and they came at the time agreed and stayed for the agreed time. Comments about staff included, 'They are amazing', 'Lovely', 'Could not wish for better.'

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 communication needs were assessed. The manager told us if people needed information in any other format they could and would accommodate this. At the time of the inspection no one had any specific communication needs.

End of life care and support

- At the time of the inspection no one was receiving end of life care. If people were happy to share their end of life wishes these were recorded. The manager said they would ensure staff received the training and support they required to support people when needed.

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 Requires Improvement. At this inspection this key question has remained the same. 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Since our last inspection there had been a number of changes within the management team. This had impacted on the effectiveness of the systems in place to monitor the quality and performance. Systems had not been consistently maintained. For example, care records had not been reviewed as per the provider's policy, which meant gaps in information about risks relating to specific health conditions had not been picked up. This meant staff did not always have the detailed information they required to keep people safe. Staff supervisions had not been regularly undertaken. This meant staff did not have the opportunity discuss their performances and aspirations.
- People and staff told us they had been asked for their feedback but could not remember when they last did this. We saw there had been regular surveys for people and staff to give their feedback, however, there had been none completed in the last 12 months. This meant the provider did not always have information which could help drive improvements.
- Staff, at times, had not felt valued or appreciated by the previous management team. Staff meetings had not been held regularly and there had been a feeling they were not always listened to. At the time of the inspection staff felt more positive about the new management team and felt things had begun to improve.
- The provider was aware of government guidance around testing of staff for COVID 19 and had accessed the relevant tests for staff, however, they had not ensured staff were consistently being tested in the past. The new manager assured us at the inspection staff were now being tested weekly as advised.
- The provider had recognised they had not maintained the level of oversight they needed and had already taken steps to address this prior to the inspection. A new manager and deputy manager had been appointed and an action plan was in place to address the shortfalls. The feedback we received from both people using the service and staff was very positive and complimentary about the new management team.
- The improvements being made needed to be embedded and sustained for us to fully assess their effectiveness.

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

- People were at the centre of everything the service did; the provider ensured people were involved with their care and staff understood the need to treat people as individuals and respect their wishes and diverse needs.

- People consistently told us they were happy with the service and felt in control of their care and would recommend it. One relative said, "I would absolutely recommend this service without hesitation, because of their reliability." A person said, "They [care staff] care about people, I would recommend them."
- There was an on-call system in place. This ensured there was always someone for people and staff to contact if they had any concerns and enabled the service to respond to people's individual needs at any time.

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 systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. At the time of the inspection there had been no incidents which the provider was required to notify the Care Quality Commission (CQC).
- There was information for staff about how to whistle-blow which ensured they knew how to raise concerns with the local authority and the CQC if they felt they were not being listened to or their concerns acted upon.

Working in partnership with others

- The provider had developed a good working relationship with local district nurses, GPs and other health and social care professionals to promote the health and well-being of people.