Harvest Life Care Limited

# Harvest Life Care Ltd

## 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

Harvest Life Care Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to 15 older adults and younger disabled adults. This includes a 'live in' care workers service (this means that there are staff supporting some people 24 hours a day, seven days a week).

This inspection took place on 21 and 22 June, and 4, 5 July 2018. The inspection was announced. This is the first Care Quality Commission (CQC) inspection since the service registered on 2 June 2017.

Not everyone using Harvest Life Care Ltd received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There was a registered manager in place. 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 sometimes experienced late care calls or care calls at a different time to times agreed. We have made recommendations that the provider has a robust system in place for monitoring call times and duration which would help to identify and manage any late or missed calls to people more effectively.

Staff were not always following the providers medication policy. They were not providing to people the agreed level of support they needed to take their prescribed medication safely. This meant people were not always having their medication as prescribed. We have made recommendations that the provider consider current guidance such as NICE guidance on managing medicines for adults in community settings (March 2017) and take action to update staff practice accordingly.

People were supported by staff who knew about safeguarding and its reporting processes. Risk management strategies provided guidance and information for staff on how to reduce and monitor people's assessed risks to their health and welfare. People's care records were held securely within the office to ensure confidentiality and a copy held within people's own homes.

People had technology and equipment in place to help staff assist them to receive safe care and support. When things did not go as planned, the registered manager took actions to reduce the risk of recurrence.

Staff were inducted and trained to meet people's care and support needs. Supervisions and competency checks were in place to monitor and develop staff. New staff had recruitment checks completed on them prior to them working at the service.

Systems were in place for staff to maintain infection prevention and control.

People were involved in their care decisions and staff promoted people's independence as far as practicable. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People were assisted by staff, where needed, with their eating and drinking to promote their well-being.

Staff worked with other organisations to provide care that was coordinated and joined up. Where people were at the end of their life staff worked in partnership with other healthcare professionals to ensure their care was dignified and comfortable.

People received a caring service by staff who knew them well. Staff maintained people's privacy and dignity when supporting them with their personal care needs.

Compliments were received about the service and people were happy with how their complaints were managed, responded to and resolved where possible. The registered manager led by example and encouraged an open and honest culture within their staff team. Audit and governance systems were in the process of being improved so that they could identify and drive forward any improvements required. The registered manager and their staff team linked up and worked with other organisations to ensure people's well-being.

Further information is in the detailed findings below.

## 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.

People did not always receive their care calls at the agreed time.

Staff did not always follow processes to make sure that people's medication was safely managed in line with the provider's policy.

Processes were in place and followed by staff, to protect people from harm or poor care.

Risks to people were monitored by staff to ensure that people remained safe, but promoted people's independence wherever possible.

### Is the service effective?

Good

The service was effective.

Staff were supported with training, spot checks and supervisions to make sure they were delivering effective care.

Staff supported people with their eating and drinking requirements.

Staff worked within and across organisations to deliver effective care and support. People were assisted to have access to external healthcare services when needed.

People were supported by staff to have choice and control of their lives.

### Is the service caring?

Good

The service was caring.

Staff treated the people they assisted in a caring manner and with respect.

People were supported to be involved in making decisions about their care and support needs.

Staff maintained people's privacy and dignity when supporting them.

## Is the service responsive?

Good

The service was responsive.

People's individual needs were assessed and staff used this information to deliver personalised care to people that met their needs.

People's suggestions and complaints were listened to and acted upon to reduce the risk of recurrence.

## Is the service well-led?

Good

The service was well-led.

Staff were clear about the standard of care and support they were expected to deliver.

Quality monitoring was in place and was in the process of being improved to oversee the service provided and make any necessary improvements.

People, their relatives' and staff were encouraged to feed back on the quality of care provided.

# Harvest Life Care Ltd

**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 was planned to check 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.

The inspection took place on 21, 22 June, 4 and 5 July 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 21 June 2018 and ended on 5 July 2018. It included visiting the office and speaking to staff, people who use the service and their relatives by telephone. We visited the office location on 21 June and 4 July 2018 to see the registered manager and office staff; and to review care records and policies and procedures.

The inspection was undertaken by one inspector and an assistant inspector.

Prior to the inspection we used information the provider sent us in the Provider Information Return on 6 April 2018. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and the improvements they plan to make. We reviewed other information we held about the service to aid with our inspection planning. This included past inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We also contacted other health and social care organisations such as representatives from local authority contracts teams; Healthwatch, the local safeguarding authority and a representative from the discharge planning team at a local hospital. This was to ask their views about the service provided. Their views helped us in the planning of our inspection and the judgements we made.

We spoke with two people and three relatives of people who used the service. We spoke with the registered manager; nominated individual; an external consultant employed by the service; the deputy manager and

four support workers.

We looked at care documentation for three people, medicines records, three staff recruitment files, staff supervision, appraisal and training records. We also looked at other records relating to the management of the service including audits and action plans; accident and incident records; surveys; meeting minutes; complaint and compliment records. We also looked the service user guide, the statement of purpose, equality and diversity policy, the end-of-life policy, bathing and showering policy and the complaints policy.

Good

# Is the service safe?

## Our findings

Prior to this inspection the CQC received concerns from a representative from a local authority about the management of people's care call times and care staffs' timekeeping which resulted in people having late calls or calls not at the required time or frequency.

At this inspection we received mixed feedback from people and/or their relatives about the timeliness of their care calls. One relative told us, "I did ask staff not to arrive before 9.00am and one did turn up at 8.30am which caught me unawares." People told us that staff sometimes ran late for their care calls but they were usually forewarned by the office staff. One person said, "Staff are not always on time but they will always let me know." The registered manager said they would look into this area for improvement.

We recommend that the provider has a robust system in place for monitoring call times and duration which would help to identify and manage any late or missed calls to people more effectively.

Prior to the inspection the CQC received concerns from a representative from a local authority that staff, although trained in moving and handling, were not always confident in using people's equipment. Records showed that in response to a concern raised with the provider, additional guidance for staff from an occupational therapist had been sought. This guidance helped promote staffs' confidence to navigate a person's hoist on different floorings.

People, who required support with their medication, told us that they had no concerns. One relative said, "The medication support works well." Medicine support is defined by NICE (National Institute for Care & Excellence) as any support that enables a person to manage their medicines. In practical terms this covers prompting or reminding, helping to remove from packaging and administering some or all of a person's medicines. Care records showed the level of support a person needed with their prescribed medication which also included ordering and collecting. However, the registered manager told us of occasions when staff had not directly observed a person taking their medication when they were required to. This meant staff had not followed the providers medicine policy and could not be assured the person had taken their medicines as prescribed. The registered manager said that they would investigate this and make the necessary improvements.

We recommend that the provider consider current guidance such as NICE guidance on managing medicines for adults in community settings (March 2017) and take action to update staff practice accordingly.

Records were held to demonstrate each time medicine support was provided. These records were checked as part of the services governance process to ensure they were completed properly and showed who administered the medicine[s] and whether a medicine had been taken or declined. Staff confirmed to us that they were trained to administer people's medication and that their competency to do this was established during regular 'checks' by a more senior staff member.

Equipment was used by staff to assist people to receive safe care. Records showed that there was specialist

equipment, such a specialist tilt chair in situ and hoists in place for people to assist staff with the persons safe moving and handling needs. People's care records clearly documented the external company responsible for maintaining and servicing this equipment. Records also showed that some people wore lifelines or pendants (alarm to be worn) that could be used to summon external support when required in an emergency. Staff were expected to document, as a safety check, in people's daily care notes that a person was wearing their lifeline when the staff member left the care call.

People confirmed to us that they felt safe because of the care and support they received from staff. One person said, "Support gives me absolutely a lot of reassurance." Another person told us, "Having a proper care company give me my care, gives me reassurance."

Staff had completed training on how to safeguard people and they knew their responsibility to protect people from poor care and harm. They told us they would report any concerns both internally to management and to external agencies such as the CQC. This was in line with the service's processes. A staff member told us what signs they would look out for that could demonstrate abuse. They said, "When I see a client's physical bruise or a change in their mood or behaviour…I would call the office and speak to my [registered] manager." Staff were also aware of how to whistle-blow, they told us that they had read the providers policy on this. This is a process where staff are provided a safe arena to report any poor standards of care.

People's care records and risk assessments were held securely at the office to promote confidentiality and a copy was held within people's own homes. Information within people's risk assessments gave clear guidance for staff to follow, deliver safe care and minimise risk. Staff monitored and reviewed people's risk assessments following any deterioration in people's health and care needs. People also had an environmental risk assessment in place to assist them and staff, if present, to evacuate safely in the event of an emergency such as a fire.

The provider carried out required checks to ensure that new staff were of a good character and were suitable to support people safely. Staff said that these checks were in place before they could start work at the service. One staff member told us, "They asked for two employer references and a Disclosure and Barring Service (DBS criminal records) check…before I could work with anyone." These checks made sure that the right staff were recruited to the role, they were fit to work with vulnerable people and of good character.

Staff told us that there was an on-call emergency telephone system. One staff member said that they had rung the on-call telephone number and, "I have got through all of the time." A person confirmed to us that, "You can get hold of office staff when you need to."

Staff told us and records showed that they had received training in the prevention of cross contamination, infection control and food hygiene. Staff confirmed that there was enough personal protective equipment (PPE) of aprons and gloves for them to use and that these were single use items only. One staff member said, "You use clean PPE before doing the next task." This showed that there was a process in place to reduce the risk of infection and cross contamination.

Staff gave us examples of shared learning that took place with them regarding any incidents or near misses. This was to reduce the risk of recurrence. For example, staff had been given clear guidance following an audit on how the provider expected people's daily notes to be completed. This included the level of detail expected within these daily notes to make sure that all agreed tasks were completed. Shared learning was communicated to staff at staff meetings or via email communication.

Good

# Is the service effective?

## Our findings

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. We checked whether the service was working within the principles of the MCA.

Prior to this inspection we received concerns from a representative of a local authority discharge team about staffs' knowledge and understanding of MCA, when assessing people new to the service. During this inspection, records showed and staff told us that they had undertaken MCA training. The registered manager confirmed that no one using the service lacked mental capacity to make day-to-day decisions. Staff could demonstrate an adequate understanding in relation to the application of the MCA. They told us how they used verbal and visual prompts to aid people, who may have fluctuating mental capacity, with their day-to-day choices. One staff member told us, "You let people have a choice for example what they want to wear, their care and what they want to eat."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; and systems in the service supported this practice. A person confirmed to us that staff respected their choices. They said, "We work well together at all times."

Staff met people's assessed needs. Staff used guidance from social and healthcare organisations to provide care based upon current practice to support people with their care needs. For example, the Public Health England, beat the heat; staying safe in hot weather had been shared with staff. One staff member said that in line with this guidance and to promote people's well-being during the hot weather they would look for signs of dehydration and, "I make sure I leave a drink at the side of them."

Staff attended supervisions to support them in their day-to-day role and to help identify and discuss any learning needs. Staff were also supported to maintain their current skills with regular training on mandatory core subject areas relevant to their role. All care staff were encouraged to develop their skills and knowledge and this was documented in their 'personal development plan pathway.'

Most people spoken with did not need staff support with their food and drinks. People, who did require this assistance, had no concerns and were given a choice of food and drinks by staff. One person said, "Staff heat up microwave meals for me, which is fine."

People spoken with did not need support from staff members to set up or to help them attend external health appointments. Although, staff supported people to have access to health services when people's needs changed to promote their well-being. The registered manager and staff team worked with external organisations such as the occupational therapist team and the Marie Curie nurses.

Good

# Is the service caring?

## Our findings

People and their relatives had very positive opinions about the care and support they received from staff. This was because staff treated people with compassion, kindness and respect. One person said, "Staff are caring, considerate and kind. They are also compassionate and thoughtful." A relative told us, "These are [staff] you can trust, they are brilliant… [family member] is really happy and we have seen a big difference in [their well-being]."

People and their relatives told us that they were encouraged to express their views and were involved in the decisions about their or their family members care. A relative said, "We feel, as a family consulted and are able to feedback about the care provided…it has taken the pressure off." A person told us, "I have had to contact the office regarding various things; time changes, or to remind them that I want a later [care] call. Staff listen to me and say that's no problem we will endeavour to do this."

No one at the time of the inspection was using advocacy services. During the inspection the service user guide was updated to include information about advocacy services should people or relatives require it. Advocates are independent and support people to make and communicate their views and wishes.

People's dignity and privacy was promoted by the staff supporting them. For example, personal care was carried out behind closed doors to maintain people's privacy. One person said, "My privacy and dignity is maintained by staff."

Care records showed that staff were reminded to respect people's choices and to assist people to maintain their independence. A staff member told us, "Every time I go into to someone's home I say hello and ask if it is alright for me to do things for them today. I go through the tasks step by step." People confirmed to us that it was their wish to remain in their homes and the extra support from staff enabled them to do so. One relative said, "[Staff] communicate well with [family member], they gently persuade them to do things." A person told us, "I always get female staff to support me, which is my preference."

Good

# Is the service responsive?

## Our findings

People received support and care that was responsive to their needs. People's needs were assessed prior to them using the service to ensure their requirements could be met. People and their families were involved in the development of care records. One person said, "My individual support plan? Yes, I was absolutely involved in this...and twice a year care plan reviews take place." A relative told us that when they first approached the service, "We were asked for [family members] likes and dislikes and to agree the proposed care package." Care records contained life and social history information so that staff could get to know the person they supported. Staff completed daily notes, as a record of how people were supported at each care call.

Some people, were assisted by staff to promote their social inclusion and well-being. One person told us how they were supported by staff when away on respite. They said, "I am going to need support [from staff] when I go away again…they make me laugh and they are thoughtful."

Compliments had been received about the care provided by staff at the service. One compliment said, "Thank you so much for everything you do for us." The service had a complaints process in place that was easy and accessible for people to use. People and their relatives spoken with told us that they felt comfortable about raising a concern or making suggestions if they needed to. Complaints had been received and records showed that there were no obvious themes. Records showed that complaints were handled effectively in line with the providers complaints policy and resolved where possible to the complainants' satisfaction.

The registered manager told us that no one using the service currently was on end-of life care. Where people had been prepared to discuss their future wishes in the event of deteriorating health, these wishes had been clearly identified in their care records. The information included how and where they wished to be cared for and any arrangements to be made following their death. This helped to make sure staff knew about people's wishes in advance. Records showed that staff had undertaken end-of-life training. The registered manager told us that they would work with external health care professionals' guidance and advice when it became clear that people's health conditions had deteriorated. This would enable staff to support people to have the most comfortable, dignified, and pain-free a death as possible.

Good

# Is the service well-led?

## Our findings

There was a registered manager at the service. 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. They were supported day-to-day by care staff and office staff.

The registered manager and staff demonstrated a good knowledge of people's care and support needs. A person told us, "I get regular [staff] to support me which is my preference."

Staff were clear about the expectation to provide a good quality service that met and supported people's individual needs. A staff member said, "My [family member] is being cared for by the service, I saw how staff were like with [family member] and that's why I joined the service…the values are always here to help."

The registered manager and staff promoted equality and inclusion within its service and workforce. A staff member said, "I put aside my beliefs when I'm delivering care and respect everyone." Staff told us that they felt supported by the registered manager who they said was approachable and listened to them. Staff said that they felt confident that if they put forward a suggestion the registered manager would consider it and implement it if it improved the service.

People and their relatives were complimentary about the service provided, and how the service was run. Relatives told us that they could speak to the registered manager should they wish to do so and that the registered manager made themselves available for this. One person said, "[Named registered manager] comes out to see me and is always approachable." Records showed that telephone surveys were carried out to gain feedback on the quality of the service provided. One person told us, "The manager is so on top of quality monitoring. Feedback is asked for and surveys completed." Feedback was positive and for one person a request for staff not to wear a uniform when supporting them was actioned.

Checks were made to monitor the quality and safety of the service provided. However, the registered manager told us they had identified that audits undertaken had not always identified all areas requiring improvement. This meant that not all actions had been identified to drive forward improvement and reduce the risk of recurrence. Further training to develop staffs' skills and knowledge about governance was to be carried to improve this. This showed us that the service looked to continuously improve the quality of service provided.

Records CQC held about the service and looked at during the inspection, confirmed that the provider had sent notifications to the CQC as legally required. However, one notification had not been received by the CQC in a timely manner. The registered manager assured us that this would be improved going forward. A notification is information about important events that the law requires the provider to notify us about such as safeguarding concerns, deaths, and serious incidents.

Staff at the service worked in partnership and shared information with other key organisations and agencies to provide joined up care for people using the service. This included working with a variety of health and social care providers. A representative from a local authority told us that overall the care provided by Harvest Life Care Ltd was good.