

Harrow Carers

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Inspection report

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Ratings

Overall rating for this service	Good ●
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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

We undertook this announced inspection on 20 February 2019. Harrow Carers is registered to provide personal care services to people in their own homes. The services they provide include personal care, housework and prompting people to take their medicines. At the time of this inspection, the registered manager informed us that there were 56 people who used the service. All of them lived in Harrow.

Not everyone using Harrow Carers receives a regulated activity. CQC only inspects the service 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.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act and associated Regulations about how the service is run.

At the last comprehensive inspection that we carried out on 6 August 2016 the service was rated Good. We however, found a breach of Regulation 17 Good Governance. The service did not have comprehensive quality assurance systems for monitoring and improving the quality of the care provided. We carried out a responsive inspection on 29 December 2016 and found the service had complied with the requirement made and there were comprehensive quality audits and checks for monitoring and improving the quality of the service. At this inspection we found the service had met all the regulations we inspected. We therefore rated the service as Good.

We received positive feedback from people and relatives of people who used the service. They spoke highly of care workers and informed us that they were satisfied with the care and services provided. They informed us that people had been treated with respect and they were safe when cared for by the service.

The service had a safeguarding adults' policy and care workers were aware of the procedure to follow if they suspected people were being abused. Care workers recognised the importance of treating all people with dignity and respect. The service had a policy on ensuring equality and valuing diversity and was committed to anti-discrimination and upholding the human rights of individuals.

Risk assessments had been carried out to ensure that potential risks to people were identified and appropriate guidance provided for care workers.

The service had suitable arrangements for supporting people with medicines. The registered manager told us that care workers rarely administered medicines but only prompted people to take their medicines.

Infection control measures were in place and care workers observed hygienic practices.

The service had a recruitment procedure to ensure that care workers recruited were suitable and had the appropriate checks prior to being employed. These records had the necessary documentation such as a Disclosure and Barring Service check (DBS), references, evidence of identity and permission to work in the United Kingdom.

The service had a training programme to ensure care workers were able to care effectively for people. Care workers had received support and supervision from management staff. Teamwork and communication within the service was good.

The service was working within the principles of The Mental Capacity Act 2005 (MCA). Care workers were aware of the importance of seeking the consent of people or their representatives if people did not have capacity to make decisions for themselves.

The service had a policy for promoting equality and valuing diversity and protecting the human rights of people. Care workers formed positive relationships with people. There were arrangements for encouraging people and their representatives to express their views and make suggestions regarding the care provided. Individual assessments and care plans had been prepared for people which took account of people's individual preferences, their cultural and religious background. Regular reviews of care had been carried out to ensure that people received appropriate care.

The service had a complaints procedure and people and their representatives knew who to contact if they had concerns. No complaints had been recorded. The registered manager stated that none had been received. People and their relatives told us that they were satisfied with the care provided and they had not made any complaints.

There were regular checks and comprehensive audits of the service. People and their relatives and care workers expressed confidence in the management of the service.

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.

Care workers were aware of the safeguarding policy and knew how to recognise and report any concerns or allegation of abuse.

Risk assessments had been prepared for people to ensure their safety.

The service had arrangements in place for prompting people to take their medicines.

Care workers were carefully recruited. There were sufficient care workers to meet people's needs.

Is the service effective?

Good 

The service was effective.

Care workers had received essential training. They had been provided with supervision and appraisals had been carried out,

People's nutritional care needs were attended to when this was part of their care plan.

There were arrangements for meeting The Mental Capacity Act 2005.

Is the service caring?

Good 

The service was caring.

The service had a policy on ensuring equality and valuing diversity. It was committed to anti-discrimination and upholding the human rights of individuals.

Care workers treated people with respect and dignity. They formed positive relationships with people.

The preferences of people had been responded to. People and their representatives were involved in decisions regarding the

care.

Is the service responsive?

Good ●

The service was responsive.

The service listened to people and their views and responded appropriately.

Care plans addressed people's individual needs and choices. Regular reviews of care took place with people and their representatives.

People, their relatives and representatives knew how to complain.

Is the service well-led?

Good ●

The service was well led.

There were regular checks and comprehensive audits of the service.

People and their relatives expressed confidence in the management of the service.

Care workers worked well as a team and they informed us that they were well managed.

Harrow Carers

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.

The inspection took place on 20 February 2019 and it was announced. We told the provider two days before our visit that we would be coming. We gave the provider notice of our inspection as we needed to make sure that someone was at the office in order for us to carry out the inspection. One inspector carried out this inspection.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make. In addition, we reviewed information we held about the service. This included any notifications and reports about the service.

We spoke with three people who used the service and five relatives of people. We also spoke with the registered manager, the centre manager, respite co-ordinator and seven care workers. We obtained feedback from two social care professionals.

We reviewed a range of records about people's care and how the service was managed. These included the care records for six people using the service, six staff recruitment records, staff training and induction records. We checked the policies and procedures and the insurance certificate of the service.

Is the service safe?

Our findings

People and their relatives informed us that people were safe when cared for by their care workers. A person who used the service said, "I am happy with the carers. They are hygienic. They have aprons and wash their hands when needed." A relative of another person said, "The carers are reliable and careful. My relative is safe with them."

The service had a safeguarding adults' policy. Care workers had received training in safeguarding people. They could give us examples of what constituted abuse and they knew what action to take if they were aware that people who used the service were being abused. They informed us that they could also report it directly to the local authority safeguarding department and the CQC if needed. The contact details of the local safeguarding team were available in the office. The service had a policy on ensuring equality and valuing diversity. The service is committed to anti-discrimination and upholding the human rights of individuals. Care workers were aware of the importance of treating all people with dignity and respect.

There were arrangements for ensuring safe care. Risk assessments had been prepared and these contained guidance to staff for minimising potential risks to people. We saw risk assessments which addressed risks such as trip hazards, use of electrical equipment and health conditions. The care record of a person with diabetes did not contain a diabetes risk assessment. This is needed to inform care workers of potential risks the person may have. The registered manager stated that family members were always present when care workers visited. She agreed to ensure that a risk assessment was provided. This was done after the inspection and evidence was provided.

The service had a recruitment procedure to ensure that care workers recruited were suitable and had the appropriate checks prior to being employed. We examined a sample of six records of care workers. We noted that these records had the necessary documentation such as a Disclosure and Barring Service check (DBS), references, evidence of identity and permission to work in the United Kingdom.

The service had sufficient care workers to meet the needs of people. This was confirmed by people and their relatives who stated that care workers were reliable, mostly punctual and able to meet the needs of people. None of them reported any missed visits by care workers. The registered manager stated that they had an electronic call monitoring system which alerted office staff if a care worker failed to carry out a visit as planned.

The service had a policy and procedure for supporting people with their medicines. The registered manager told us that care workers seldom administered medicines but only prompted people to take their medicines. This was confirmed by people and relatives we spoke with. Care workers had received training in the administration of medicines. We noted that two medicine administration records (MAR) had several gaps on them. The registered manager explained that this was because care workers did not visit on those days and family members were responsible on those days. She agreed to use a code to signify this in the charts.

The service had an infection control policy. Care workers we spoke with were aware of good hygiene practices such as washing hands and wearing gloves. The service kept a stock of protective clothing and equipment in the office. Care workers said they had access to protective clothing including disposable gloves and aprons.

No accidents had been recorded since the last inspection in 2017. The registered manager stated that there had been no reported accidents.

The service had a current certificate of insurance and employer's liability.

Is the service effective?

Our findings

People who used the service and their relatives informed us that care workers were competent and they were satisfied with the care provided. One person stated, "I am completely satisfied with the care provided. My carer is well trained and does a proper job. She checks and asks my consent when needed." Another person said, "I am satisfied with the carers. I have the same carer for some considerable same time and we get on well." A relative of another person said, "The staff do a good job I am happy with them."

The registered manager and care workers understood the importance of promoting healthy eating and a balanced diet for people. Care workers had been provided with training on the importance of nutrition and hydration. Where support with meals was required, they had recorded individual food preferences in people's care plans. Guidance was given to care workers on their responsibilities in preparing meals for people. One person had a food diary to inform on the meals provided. However, most people we spoke with stated that care workers rarely prepared food for them. Some said they only heated their food for them. Two people stated that their care workers were competent at preparing their meals.

The registered manager stated that when needed, they had met with healthcare professionals when carrying out assessments. This was to ensure that the healthcare needs of people were attended to. She stated that they liaised with community nurses and occupational therapists who were involved in the care of people. Care workers were aware that some people had healthcare needs which needed monitoring. They were aware that if there was a significant change in people's health or in their weight they would inform their manager, relatives or medical staff involved. They were also aware that they could contact the emergency services if needed such as when people suddenly become unwell.

Care workers were knowledgeable regarding their roles and the needs of people. We saw copies of their training certificates which set out areas of training. Topics included moving and handling, health and safety, equality and diversity and food hygiene. Care workers confirmed that they had received the appropriate training for their role. Newly recruited care workers had undergone a period of induction to prepare them for their responsibilities. The induction programme was extensive and covered topics similar to that in the Care Certificate. These topics included duty of care, mental health, equality and diversity, working in a person-centred way, the importance of effective communication and confidentiality, safeguarding and maintaining privacy and dignity. The registered manager informed us that three of their care workers were about to be enrolled on the Care Certificate. The Care Certificate provides an identified set of standards that health and social care workers should adhere to in their work.

Care workers said they worked well as a team and received the support they needed. The registered manager carried out supervision and spot checks of care workers when they were on duty. This enabled them to review their progress and development. Care workers we spoke with confirmed that these took place and we saw documented evidence of this. Appraisals had been carried to assess care workers' performance.

We checked whether the service was working within the principles of The Mental Capacity Act 2005 (MCA).

The 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 decision made on their behalf must be in their best interests and as least restrictive as possible. The registered manager informed us that most people using the service had close relatives such as people's spouses, their next of kin or advocates who could be consulted if people lacked capacity. She was aware that where needed, best interest decisions would need to be recorded. Information regarding people's capacity to make decision was documented in the care records. Details of people's next of kin or representative were also recorded.

The registered manager stated that care workers had received MCA training. Care workers we spoke with had a basic understanding of the MCA. They were aware of the relevance and importance of obtaining consent from people or their representatives regarding their care. They stated that they explained what needed to be done prior to providing personal care or assisting people. They knew that if people did not have the capacity to make decisions then they should refer matters to their manager so that professionals involved and people's next of kin could be consulted and best interests decisions explored.

Is the service caring?

Our findings

People and their relatives spoke highly about care workers and the care provided. They told us that care workers listened to them and were pleasant and caring towards people. One person said, "I have been treated with respect and my privacy is protected when the carer attends to my personal care." One relative said, "The carers communicate quite well. We are happy with them. They are reliable. It was a bit "bumpty" at first but it has settled down now." Another relative said, "I am happy with the carers. They respect our culture and do not discriminate. They talk to my relative and encourage my relative to be independent."

A care professional told us that the service had excellent care workers who ensured that people were fully respected when they were being supported by care workers. A second care professional said that care workers were respectful and treated people they supported with care.

Care workers understood the importance of treating people as individuals and respecting their dignity. They were able to describe to us how they protected the privacy and dignity of people by ensuring that where necessary doors were closed and curtains drawn when attending to people's personal care. They said they would also first explain to people what needed to be done and get their consent. Spot checks had been carried out by the registered manager to ensure that care workers upheld the principles of dignity and respect and supported people's independence. Documented evidence was seen by us.

The service involved people and their representatives in preparing and organising care for people by consulting with them when carrying out assessments and in the preparation of care plans. This was confirmed by people and their representatives and noted in feedback forms we examined. There was evidence of meetings and discussions with people and their representatives either face to face or via the telephone to obtain information from them on how to provide care that people needed.

Care plans included information regarding people's care needs and arrangements to meet those needs. Details of visits that were needed and the type of tasks people needed assistance with were recorded. We saw information in people's care plans about their choices and preferences. Care records also included information regarding their background, choice of care worker, language spoken and religion. This enabled the service to provide care that was person-centred.

The service had a policy on ensuring equality and valuing diversity. Care workers we spoke with had a good understanding of equality and diversity (E & D) and respecting people's individual beliefs, culture and background. They had a good understanding of people's culture and what was expected when entering the homes of people from other cultures. One person informed us that their care workers respected their culture and some spoke the same language. Another person stated that their care worker removed their shoes before entering their home in accordance with their wishes.

The registered manager stated that the service aimed to match care workers with people they could get along with. Some care workers were matched with people from the same cultural background or who could speak the same language.

We discussed the steps taken by the service to comply with the Accessible Information Standard. All organisations that provide NHS or adult social care must follow this standard by law. This standard tells organisations how they should make sure that people who used the service who have a disability, impairment or sensory loss can understand the information they are given. The service had an Accessible information policy. The registered manager told us that they had access to other skilled staff who worked for the same organisation and were based in the same building. These staff had been trained in various skills to help people understand and process information and documents. In addition, she stated that they match care workers with people who spoke the same language. For example, they matched care workers who spoke Gujarati with people who spoke the same language.

Is the service responsive?

Our findings

The service responded well to the needs of people and care workers provided care as stated in their care plans. This was confirmed by people and their relatives. They told us that they were satisfied with the care provided. One person said, "I am very happy with the carers. They are reliable and do what they are supposed to do. I have no complaints. I can ring the office if I need to." A second person said, "They stay the length of time and are careful when helping me. I have no complaints."

A care professional told us that the service was very responsive to the changing needs of the people they supported and care workers encouraged people to be as independent as possible.

The service involved people and their representatives when assessing people's care requirements. The care assessments included important information about people's health, potential risks, allergies, mobility, medical, religious and cultural needs. People's choice of visit times and the type of care worker they wanted were also documented. Care plans were then prepared and agreed with people or their representatives. This ensured that people received care that was appropriate.

Care workers told us that they had received information regarding the care plans from the registered manager in advance of care being provided to any new person. We discussed the individual needs of people with care workers and what was expected of them when they visited people. We discussed the care of people who had specific needs such as those with diabetes and any problems which may be experienced. They could describe the needs of people and their duties. Care workers told us about the dietary needs of those with diabetes, that they should have a diet with restricted sugar intake. They knew about the complications such as hypoglycaemia and hyperglycaemia and the need to contact the emergency services if people with diabetes became very ill.

We also discussed the needs of people who had dementia. Care workers were aware of the need to be patient towards people if people do not understand or remember what was said. They said they would give people time and also repeat themselves as people may not remember what was said. WE noted that the care records of a person with dementia contained an assessment of their needs and capacity to make decisions and how they should be supported. People and their relatives stated that care workers were competent and met the care needs of people. Some relatives stated that they had the same care workers for a long time.

Reviews of care had been arranged with people and their relatives to discuss people's progress. These were carried out at least once a year or when there were changes in people circumstances such as return of a person from hospital or a deterioration of the health. Evidence of these reviews were noted in the care records of people. People and their relatives confirmed that care reviews took place and they had been involved.

The service had a complaints procedure and people and their representatives knew who to contact if they had concerns. No complaints had been recorded. The registered manager stated that none had been

received. People and their relatives told us that they were satisfied with the care provided and they had not made any complaints.

Is the service well-led?

Our findings

We received positive feedback regarding the service from people and relatives we spoke with. The feedback indicated that people were satisfied with the services provided. People and relatives expressed confidence in the management of the service. They stated that senior staff had visited or communicated with them. A relative said, "I am satisfied with the service. "The agency is well managed. They answer the phone when I ring the office. The supervisor has visited us. A second relative said," The supervisor has visited. They come and check from time to time. I can ring the office if there are problems."

Positive feedback was also received from two care professionals. They informed us that the service provided care that met the needs of people and they had no concerns regarding the management of the service. One of them stated that the care and support offered by Harrow Carers was based on quality they had demonstrated good care interventions by recognising the importance of being person centred. In addition, this professional stated that the service had a robust recording system.

The service had a range of policies and procedures to provide staff with guidance. These included the safeguarding procedure, infection control policy and complaints procedure.

The service also had quality monitoring systems in place to ensure that the care provided by care workers met people's needs. Checks on care workers and services provided had been carried out by the registered manager and senior staff of the service. These included visits made when care workers were working and these checks were documented. This was confirmed by care workers, people and relatives we spoke with. The service had an electronic system for monitoring the attendance and punctuality of care workers. The system alerted office staff if a care worker was late or did not carry out a visit as planned.

The registered manager had also carried out reviews of care with people and their relatives to receive feedback from them. In between these reviews, telephone monitoring had also been carried out and forms completed. Monthly audits had been carried out by the registered manager in areas such as care documentation and logs of visits carried out by care workers to people.

Care workers were aware of the aims and objectives of the service and stated that they aimed to provide a high-quality service which met the needs of people and treat people with respect and dignity. They told us that they were well treated by management. Care workers stated that their manager was supportive and approachable. There were meetings where care workers were kept updated regarding the care of people and the management of the service. These minutes were available for inspection.

The service had a management structure with a registered manager supported by the centre manager. The service also employed an administration staff, a field supervisor and a care co-ordinator.

The service had carried out a satisfaction survey in January 2019. Feedback received in this satisfaction survey carried indicated that people and their representatives were satisfied with the management of the service. We also saw completed evaluation forms from people and their representatives. We saw that the

feedback received was mostly positive and indicated that people were satisfied with the services provided. The service had prepared an action plan for making improvements following the survey.