

# Harlington Hospice Association Limited

# Harlington Care

## Inspection report

Michael Sobell Hospice Resource Building  
Mount Vernon Hospital, Rickmansworth Road  
Northwood  
HA6 2RN

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Tel: 01895258888

### 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

Harlington Care is a domiciliary care agency providing personal care and support to people living in their own homes. 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. At the time of our service 29 people were supported with personal care. The majority of people were older adults, although the service was available for any adults needing support.

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

People were happy with the service. They had been involved in planning their care, they felt care was well planned and they told us their needs were met. People using the service and their families liked the staff and had regular care workers who they had good relationships with and knew them well.

The agency worked as part of a multidisciplinary team providing end of life care. This meant they were able to help ensure best practice when supporting people, and their families, at the end of their lives and afterwards.

The staff were well supported. They enjoyed working at the service and enjoyed their work caring for people. They had the training and information they needed and felt the registered manager was helpful and approachable. There were effective systems to make sure only suitable staff were employed and regular checks on their competencies, skills and knowledge.

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.

There were suitable systems for the management of the service. These including investigating accidents, incidents, complaints and allegations of abuse. There was evidence of learning from these to improve the service. There were also regular audits.

The provider was a member of a number of multi-agency groups providing care and advice to people needing support within North West London.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This was the first inspection of the service since the provider was registered at this location on 15 March 2021. The rating for the previous registration of this service was good (published 19 December 2020).

### Why we inspected

This was a planned inspection based on the date of registration.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

### 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?

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.

# Harlington Care

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing the performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

#### Inspection team

The inspection was conducted by one inspector. An Expert by Experience supported the inspection by making telephone calls to people who use the service and their relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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.

#### Notice of inspection

We gave the service notice of the performance review and assessment. This was because we were carrying out an inspection using remote technology and we needed the provider to send us information in advance for us to review.

The performance review and assessment activity started on 6 December 2021 and ended on 14 December 2021.

What we did before the inspection

We looked at all the information we had about the provider and the provider's website.

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.

During the inspection

We spoke with three people who used the service and the relatives of nine other people. We received written feedback from seven members of staff. We looked at a range of records which included, care records for five people who used the service and records relating to six members of staff. We also looked at other records the provider used for managing the service which included audits and quality checks.

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls with the registered manager and nominated individual and electronic file sharing to enable us to review documentation.

The nominated individual is responsible for supervising the management of the service on behalf of the provider.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were designed to protect people from abuse. The staff had training in how to recognise and report abuse. This was also regularly discussed with staff. People using the service and their families were given information about how to speak up if they had concerns about abuse.
- People using the service and their relatives told us they felt safe with the agency.
- One member of staff working within the organisation was a 'Freedom to Speak up Guardian.' Their role was to encourage a culture where staff (and others) felt empowered to speak up if they felt something was wrong. Staff knew who this person was and were able to contact them.
- The provider organised company-wide analysis of safeguarding concerns so that all staff could learn from these and improvements could be made to help protect people from abuse.

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing were assessed, monitored and plans were created to help protect them and keep them safe. Risk assessments related to their individual needs and were linked to care plans. They were regularly reviewed and updated when people's needs changed.
- The staff also assessed the risks within people's home environments so these could be monitored, and control measures put in place, where needed, to protect staff and the people they were supporting.

Staffing and recruitment

- There were enough suitable staff to care for people and meet their needs. People using the service and their relatives told us they had the same regular care workers and that they arrived on time and did not rush them. One relative told us, "They always arrive on time and this enables me to go out and know [person] is safe." Staff told us they had enough time to care for people safely.
- The registered manager told us that many of the staff had worked at the service for several years and this was reflected in the feedback we received from staff. They told us they did not take on new packages of care unless they had the staff to meet these people's needs.
- There were appropriate systems for recruiting new staff, including checks on their suitability and assessments of their skills, competencies and knowledge.

Using medicines safely

- People received their medicines as prescribed and in a safe way. Staff were trained to understand how to support people with their medicines. The management team regularly assessed their competencies when handling medicines.
- The provider assessed and recorded information about people's medicines and any risks relating to these.

Staff recorded administration of medicines and these records were checked by the management team.

- People told us they were happy with the support they received in this area including help to collect medicines from the pharmacy when needed.

#### Preventing and controlling infection

- There were suitable procedures for preventing and controlling infection. Staff had training in this area and a range of information. Staff told us they had enough personal protective equipment (PPE) and were able to obtain this when they needed.
- Since the start of the COVID-19 pandemic, the provider had updated their procedures for infection prevention and control in line with good practice guidance and legislation. They supported staff to access information about vaccinations, wearing PPE, good hand hygiene and COVID-19 testing.

#### Learning lessons when things go wrong

- The provider ensured lessons were learnt when things went wrong. Different parts of the organisation worked together to learn from adverse events. There was provider level analysis of all accidents, incidents, complaints and safeguarding alerts. This meant different parts of the organisation could share learning to improve the service.
- The registered manager also worked as part of a number of multi-disciplinary teams, such as the falls prevention group, where they shared learning to improve services. Information was shared with staff through written communication, as well as individual and team meetings.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- The provider assessed people's needs and choices before they started using the service and carried out regular reassessments.
- People using the service and their families told us they were involved in the assessment process, contributing their views and helping to plan their own care. Some of their comments included, "The top lady was here a long time and it was very thorough", "I was happy with the assessment", "They do a thorough review" and "I am happy with the annual assessments."

Staff support: induction, training, skills and experience

- People were cared for by staff who were well trained and supported. New staff undertook an induction into the service. They took part in regular training and had opportunities to learn through team and individual meetings with their manager. The staff told us the training was useful and helped them in their roles.
- The registered manager explained they had adapted the training programme to support staff who found it hard to access online learning. For example, they provided individualised support to look through the training materials.
- There were regular team meetings, which had been held remotely during the COVID-19 pandemic. Staff also met their managers for individual supervision and appraisals. They told us they felt well supported and were able to speak about their jobs and any concerns they had.
- The provider carried out 'spot checks' where they observed staff giving care to people and made suggestions for improvements if any were needed.

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

- People were supported to have enough to eat and drink. When staff supported them with meals this was recorded in their care plans along with specific risks and needs.
- Staff also recorded the food they had provided and how much was eaten, so that this could be monitored if people were assessed as having nutritional or hydration risks.

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

- The agency did not usually support people with accessing healthcare services, although care plans included information about people's healthcare needs and any support which they required with these so staff could monitor people remained healthy.
- People were signposted to other services when the staff identified a need for this, and in some cases the

agency provided support for people to access different services. For example, one family member told us the provider had enabled them to access a course about dementia to increase their understanding and knowledge.

#### 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.

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

- The provider was acting within the principles of the MCA. Staff had training and support to understand their responsibilities under this.
- People had consented to their care and treatment and had been involved in planning their care. Where they lacked the mental capacity to make decisions, the provider had worked with their representatives, and family members, to plan care and make decisions in their best interests.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 were well treated and supported. They felt valued by staff and had good relationships with their regular care workers.
- Comments from people using the service and their families included, "[Person] is always happy to see the carers", "They are nice to [person]", "They are so respectful and kind" and "They are always laughing and joking with [person], they get on really well."
- The staff respected people's cultural and religious needs. The agency was able to provide staff who spoke a range of different languages to support people who did not speak English as a first language.

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

- People using the service were asked about their views when care was being planned. These were recorded within the care plans.
- People told us that staff offered and respected their choices with day to day care and support.
- The provider worked alongside the local NHS trust to support people to access "Myhealth" workshops. These were designed to help empower people and support them to take control of their own health and care through information and support.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. They told us the staff were always polite and respectful.
- People were supported to be independent where they were able. Care plans included information about things people could do for themselves. Some people and their relatives told us how the staff supported them with their independence.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People received personalised care which met their needs and reflected their preferences. They told us the service was flexible and adapted to their requests for change.
- The provider created care plans which reflected people's views and wishes. People had access to these and could ask for changes if they needed. Care plans were regularly reviewed.
- The registered manager explained ways in which they had adapted the service during the COVID-19 pandemic to meet people's needs. For example, providing additional support to get shopping, pick up medicines or carry out extra visits when relatives could not do this for people during lockdowns or because they were isolating .
- Staff kept records to show the care they had provided, and these showed that care plans were followed.

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 met. Care plans included information about these and any support they required.
- Information was available in a range of different formats for people who needed this.

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

- People were supported by the agency to avoid social isolation and pursue interests. Whilst some people only received help with personal care, the agency also provided additional services to others. These included times sitting with people and providing activities and support whilst family carers did something else. Relatives told us how much they appreciated this service and how they felt able to go out and know the person was safe and cared for.
- Some people's care packages included support to access the local community, colleges and day centres. The registered manager told us how they had taken a flexible approach to this, helping to reintroduce people back into day services with additional support when needed.
- The agency had supported people to stay in touch with friends and family during the pandemic by facilitating video calls.
- Some people were supported to take part in leisure activities at home. People confirmed this telling us the staff played games and carried out craft activities with them.

#### Improving care quality in response to complaints or concerns

- There were appropriate systems for responding to complaints and concerns. People were given information about the complaints' procedure. People told us they knew what to do if they had a concern and felt this would be addressed.
- The provider kept a record of all complaints and how these had been dealt with so they could be learnt from and improvements made to the service.

#### End of life care and support

- People being cared for at the end of their lives were well supported. The provider's services included a hospice. The registered manager of the care agency worked closely with the hospice team, regularly meeting with them and developing services for end of life care.
- The agency had adapted their approaches to improve care by speeding up assessments, streamlining care planning, using flexible approaches and working with multi-disciplinary teams. This helped to make sure people were cared for at the right time, had the right support and were able to make choices.
- The agency worked closely with families. They offered care and support for family carers, including a package of care to offer emotional support after the death of their loved one.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People received a person-centred service. The agency was inclusive and there was a positive culture.
- Some of the comments from people using the service and their relatives included, "I think they are fantastic", "[Staff] really care", "They have always been good", "The best agency I have ever used" and "My experience has been very good." Everyone we spoke with said they would recommend the agency to others.
- Staff also felt well supported and happy working at the agency. They told us they enjoyed caring for people and they felt well supported. They would also recommend the agency as a place to work.
- The provider was responsive to feedback from people using the service and other stakeholders. They shared information about feedback they received and what they did in response to this. They also carried out regular audits and assessments of their work and planned for future improvements.

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 understood their responsibilities under duty of candour and had procedures relating to this.
- The provider had responded appropriately to complainants and been open and transparent when things went wrong, explaining how they would make improvements.

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

- The registered manager was suitably experienced and qualified. People using the service, their families and staff spoke positively about the registered manager.
- The management team worked closely with other departments within the organisation and external partners to make sure they kept updated with changes in legislation and guidance. There were a range of policies and procedures which were regularly reviewed and updated.

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

- The provider involved people using the service and others. They asked for their feedback through regular monitoring and acted on this.
- The provider considered people's protected characteristics when supporting them. They provided flexible care to make sure people's religious and cultural needs were met. They offered advice and support for unmarried couples about finances and wills. The nominated individual told us they had recently created a

new role for a senior manager to look at inclusivity within the organisation, including how they could adapt their promotional material to help ensure it represented diversity.

- The provider produced a quarterly magazine for staff informing them about the different services, departments within the organisation and changes in policy as well as celebrating successes.

Continuous learning and improving care

- The provider operated effective systems and processes for monitoring and improving the quality of the service and assessing and monitoring risk.
- These systems included audits and analysis of different parts of the service as well as developing action plans for making improvements.

Working in partnership with others

- The agency worked in partnership with others. The provider had strong links with other local community groups to help provide combined services, identify needs within the community and help support family carers.
- The registered manager was also a member of a number of multi-disciplinary groups, sharing ideas and working together to provide holistic care packages.