

Harlestone Home Care Ltd

Harlestone Home Care

Inspection report

Grange Farm
Holdenby
Northampton
Northamptonshire
NN6 8DJ

Date of inspection visit:
08 March 2017
13 March 2017

Date of publication:
25 April 2017

Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
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

This inspection took place on the 8, 9 and 13 March 2017 and was announced. Harlestone Homecare provides personal care for people living in their own homes. At the time of our inspection there were 41 people receiving personal care.

There was a registered manager in post who was also the provider of 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.

Recruitment procedures required strengthening to ensure that staff had been subject to the appropriate pre-employment checks prior to providing care to people without supervision.

People were safeguarded from harm as the provider had effective systems in place to prevent, recognise and report concerns to the relevant authorities. Staff knew how to recognise harm and were knowledgeable about the steps they should take if they were concerned that someone may be at risk.

People's care records contained risk assessments and risk management plans to mitigate the risks to people. They gave information for staff on the identified risk and informed staff on the measures required to minimise any risks.

People were actively involved in decisions about their care and support needs. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005. Staff provided people with information to enable them to make an informed decision and encouraged people to make their own choices.

Staff had a full understanding of people's support needs and had the skills and knowledge to meet them. Training records were up to date and staff received regular supervisions and appraisals. Staff were clear about their roles and responsibilities in caring for people and received regular support from the provider.

Staff were vigilant regarding people's changing health needs and sought guidance from relevant healthcare professionals.

People's needs were met in line with their individual care plans and assessed needs. Staff took time to get to know people and ensured that people's care was tailored to their individual needs.

People had the information they needed to make a complaint and the service had processes in place to respond to any complaints.

People were supported by a team of staff that had the managerial guidance and support they needed to carry out their roles. The quality of the service was monitored by the audits regularly carried out by the provider who was also the registered manager.

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 not always safe.

Recruitment procedures required strengthening to ensure that staff had the appropriate pre-employment checks completed prior to providing care and support unsupervised.

People could be assured that they would receive their prescribed medicines safely.

Risks to people had been assessed and appropriate steps taken to mitigate the known risks to people.

Requires Improvement ●

Is the service effective?

The service was effective

Staff received the training, supervision and ongoing support that they required to work effectively in their role.

People received the support that they needed to maintain adequate nutrition.

People were supported to access healthcare services and maintain good health.

People's consent was sought by staff prior to providing care and support.

Good ●

Is the service caring?

The service was caring.

People were supported by consistent staff that they knew and had developed positive relationships with.

People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that

Good ●

people chose and preferred.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care which was responsive to their needs.

People were involved in the planning of their care which was person centred and updated regularly.

People knew how to complain should they wish to and were confident that their complaint would be resolved appropriately.

Is the service well-led?

Good ●

The service was well-led

The provider who was also the registered manager was visible and accessible to people and staff.

People's feedback was used to drive continuous improvement.

The provider had a clear vision for the on going development of the service.

People's quality of care was monitored by the systems in place and timely action was taken to make improvements when necessary.

Harlestone Home Care

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.

Our inspection took place on 8, 9 and 13 March 2017, was announced and undertaken by one Inspector and one Expert by Experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience for this inspection had expertise of dementia care. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law.

During this inspection we spoke to nine people receiving care from Harlestone Homecare and one person's relative. We also looked at care records and charts relating to five people. In total we spoke with six members of staff, including three care staff, the deputy manager and registered manager. We looked at three records in relation to staff recruitment and training, as well as records related to the quality monitoring of the service

Is the service safe?

Our findings

Staff were not always subject to appropriate recruitment procedures prior to providing care and support unsupervised. We found examples of staff working without supervision before a Disclosure Barring Service (DBS) check had been completed. DBS checks are police checks which identify if prospective staff have had a criminal record or were barred from working with children and adults. The provider had not completed any form of risk assessment to show that they had considered how to mitigate the risks of these staff providing care and support to people before a DBS check had been received. Although the provider had obtained pre-employment references and Adult First checks for new staff they had not implemented sufficiently robust recruitment processes or ensured that staff without a DBS check were working under appropriately close supervision whilst they were awaiting their DBS check to be completed. We brought this to the attention of the provider who took immediate steps to review the recruitment process of new staff to ensure that all staff had a DBS prior to providing care to people. However, we could not see that this recruitment process had been embedded into practice to ensure that staff were recruited safely.

People could be assured that they would receive their prescribed medicines safely. One person told us "They [The staff] keep an eye on my tablets; they give me tablets in the afternoon; I normally have 4 tablets and the other day I only had 3 and I got them to check and my medicine had been cut down; they make sure I have the right tablets and they order them for me." Staff had received training in the safe administration of medicines and were observed administering medication by senior staff to ensure that they were competent to do this safely. The provider had recently introduced an electronic system to record the administration of medicines that alerted senior staff immediately if medicines had not been administered or were not administered on time. This system had successfully reduced the risk and instances of medicine errors occurring.

People told us that the care they received from staff made them feel safe. People told us "I do feel safe because they [The staff] do come on time and are reliable; they also help my husband and he needs more help than me and so it is very important that I trust them." Another person said "I feel safe with them all; I need a bed bath and they [The staff] ensure my bed is in the right position and towels to protect the bed sheets. I was apprehensive about them doing this as I am overweight but they are very professional."

Risks to people had been thoroughly assessed and plans of care had been developed to provide guidance for staff in mitigating the known risks to people. For example; people at risk of developing pressure areas received the care that they required to reposition regularly to prevent pressure areas from developing.

People were protected from the risk of harm. Staff had received training in safeguarding people from harm and were confident in applying this learning in their work. One member of staff told us "If anyone had ever been harmed I would report it straight away to the registered manager or on call manager. If they weren't available I would tell the Council or the police." When the manager had been alerted to concerns we saw that they had taken appropriate action and when required made safeguarding alerts to the local authority.

There were sufficient numbers of staff to provide people's care. People told us "They [The provider] tend to

send a small group of carers and they are always on time." We reviewed the call monitoring records and rotas for care staff and found that staff were provided with sufficient time to travel between care visits and that they consistently arrived on time to provide people's care.

Is the service effective?

Our findings

Care staff had received the training that they required to provide care safely to people. One person told us "The member of staff that helps me is very good and professional and the other senior staff are good too. They know what they are doing." All staff received ongoing training, personal development and updates in key subjects such as safeguarding, infection control and health and safety. One member of staff told us "The training is really good here; we do it together in person which is better than just doing online training like some companies do."

New staff underwent an induction programme that had equipped them with the skills and knowledge to enable them to fulfil their roles and responsibilities. Staff were supported to complete the Care Certificate to gain and improve their skills. The Care Certificate consists of a period of assessed practice and is designed to ensure that all care workers have the same introductory skills, knowledge, and behaviours to provide compassionate, safe, and high quality care and support. New staff received regular supervision and were observed by more experienced staff to ensure that they were competent in providing care and support to people.

Staff received on going supervision and support to aid them in working effectively in their role. A system of supervision had recently been introduced and staff told us that they felt well supported. One member of staff told us "I had supervision recently and it was good; we get plenty of support and can always call the office if we need to."

People received the support that they needed to have sufficient food and drink. People's risk of not eating and drinking enough to maintain their health and well-being had been assessed, monitored and managed through their individual plans of care. Staff ensured that people were encouraged to eat and drink regularly. One person told us "They [Care Staff] give me breakfast and occasionally my evening meal and they go through the fridge or freezer and ask me what I fancy." Another person said "They [Care Staff] give me my breakfast and I always choose what I want which is usually coffee and toast."

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.

The registered manager and staff were aware of their responsibilities under the MCA code of practice. People's care plans contained assessments of people's capacity to make decisions and evidence of best interest decisions if people lacked capacity. On a day to day basis people were encouraged and enabled to make decisions about their care and support. One person told us "The carers ask what I want doing on each visit and always check that I am happy before they leave."

We saw examples in people's care records of staff reacting positively to changes in people's health,

contacting their GP and reporting these changes to the on-call staff. Staff were vigilant to people's health and well-being and ensured people were referred promptly to their GP or other health professionals where they appeared to be unwell.

Is the service caring?

Our findings

People told us that their care staff were very caring. One person told us "The staff make sure my jumpers are correct when they dress me; they don't sling it on and leave you with one sleeve stuck up by your head; they are caring and ensure you're okay and comfortable." Another person told us "The staff always ask how I am as well as asking my husband how he is and are very nice people."

People had developed positive therapeutic relationships with staff who knew them well. One person told us "The carers are great; they have met all the family and they chat with us about the family and what's happening in our lives; they never rush us even if they have run out of time. I like them as my husband has had a stroke and is hard of hearing and they understand that and have a nice chat with him."

Staff knew people well and treated people with respect and dignity. One person told us "I think the staff are brilliant; I am more than happy; they are very friendly very professional and go out of their way to be helpful. For example the carer who is with me today gave me 3 hours of her own time when my wife died last year. They have all been very sensitive to my wife's death. When they started they gave me a choice of the gender of carer and they have respected my choice ever since. When washing me on the bed they always preserve my dignity and make sure I am covered up when not washing an area. It would be easy to feel embarrassed but for example I've got a new carer started who shadowed on her first day; she had done caring before and she totally reassured me."

Staff understood the importance of respecting people's choice. They spoke with us about how they cared for people told us that they ensured people were offered choices in what they preferred to eat and how they wanted to receive their care. A person said "The staff always give me choices; they ask what help I need, what meals I would like and whether there is anything else I need doing before they leave. If they finish early then they stay and have a chat with me." A staff member said, "I always ask the person how they what things done, it helps them feel confident and keeps them a bit more independent because they are in control."

People's privacy was respected at all times. Staff told us they ensured people had privacy when receiving care. For example keeping doors and curtains closed and keeping people covered up as much as possible during personal care. One person said "They always respect my privacy for example when I am on the toilet they stand outside the door to give me my privacy."

Is the service responsive?

Our findings

People's care and support needs were assessed before they received care to determine if the service could meet their needs. Initial care plans were produced to guide staff in providing support before new people began to use the service; these were then monitored and updated as necessary. People's individual plans of care were written in a person centred manner and had been developed in partnership with people using the service. The plans covered all aspects of a person's individual needs, circumstances and requirements. This included details of the personal care required, duties and tasks to be undertaken by care staff, risk assessments, how many calls and at what times in the day or evening enabling consistent appropriate care and support to be provided.

People's individual plans of care were updated regularly and reflective of people's current care needs. People had detailed plans of care in place to guide staff in providing their care and support. People had been involved in developing their plans of care to ensure that they received care in line with their individual preferences. One person told us "We do have a care plan and one of the senior managers came out about a month ago and listened to me and mum and it has been updated. I think it's good that they set the care plan without over inflating expectations and set realistic expectations and timings."

The provider had recently introduced an electronic care planning system whereby staff could refer to people's plan of care on their smart phones. This meant that any changes to care plans as a result of a change in a person's care needs could be made immediately and communicated to all staff instantly. This helped to ensure that people received consistent personalised care and support in line with their assessed care needs. People told us that staff referred to their care plans to ensure that they provided the care that people needed. One person told us "I have a booklet here; I think it has the care plan in it but they use mobile phones to keep centralised information. They have checked my care plan and have sent it out to me." People who were unable to access the internet were given a printed copy of their care plan to ensure that they were still able to access this information.

People said they knew how to complain and felt confident that their concerns would be listened to. One person told us "If I have complained about anything I just call the office and have a word. For example a pad accidentally went into the washing machine one time and we had to get somebody out to repair the machine. They assured us it wouldn't happen again." Another person told us "At the beginning somebody was opening the front door curtains which I don't want. I mentioned it to the office and they made a note and it doesn't happen anymore."

Is the service well-led?

Our findings

The registered manager who was also the provider was visible, approachable and responsive to feedback from staff and people using the service. Staff told us "This service is very well managed; the manager is always available for us to talk to and to give advice and support."

There was a positive culture within the service whereby people's views were valued and actively sought. The provider had introduced service user meetings to obtain feedback from people using the service and their relatives. In response to these meetings the provider had opened the training that they provided to staff to people's relatives who also provided care to people so that they could do this safely. One person's relative told us "I attended the manual handling training; it was so helpful and I know how to keep [Relative's Name] safe when I am providing care now." In response to feedback from people the provider had also introduced a newsletter to improve communication with people using the service about service developments. The provider had also introduced a library whereby people could choose books that would be delivered and collected by care staff to people receiving care to ensure that people had adequate interest and stimulation during the day.

People could be assured that the quality of the service that they received was appropriately monitored and improvements made when required. Staff had been provided with the information they needed about the 'whistleblowing' procedure if they needed to raise concerns with appropriate outside regulatory agencies, such as the Care Quality Commission (CQC). Feedback from people that used the service was regularly sought through surveys and 'spot checks' by senior staff. People's suggestions for improvements to the service were listened to and acted upon as necessary. People's care was overseen by a visible management team that consisted of a registered manager and deputy manager.

There were arrangements in place to consistently monitor the quality of the service that people received, as regular audits had been carried out by the management team. People, relatives and staff were encouraged to provide feedback about the service and this information was used to drive continuous improvement. Actions were identified from audits and feedback; records showed that these actions had been implemented, such as ensuring that staff had access to appropriate training to refresh their knowledge in key areas. Audits were completed by the provider and senior staff to ensure that an accurate overview of the service was maintained and any potential shortfalls were identified and rectified in a timely manner.

The service was being managed by a registered manager who was aware of their legal responsibilities to notify CQC about certain important events that occurred at the service. The registered manager had submitted the appropriate statutory notifications to CQC such as accidents and incidents and other events that affected the running of the service.