

Harrow Carers

# Harrow Carers

## Inspection report

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29 December 2016

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### Ratings

Overall rating for this service

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We undertook this announced inspection on 29 December 2016. Harrow Carers is registered to provide personal care services to people in their own homes. It is a registered charity. The services they provide include personal care, housework and respite care for people so that their relatives can have a break.

At our last comprehensive inspection on 9 August 2016 we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This is because the service did not have suitable arrangements for good governance. The service did not have comprehensive quality assurance systems for monitoring and improving the quality of the service. After the comprehensive inspection, the registered provider sent us an action plan telling us how they would meet legal requirements. We undertook this focused inspection on the 29 December 2016 to check that they had followed their plan and to confirm they now met legal requirements in relation to good governance.

This report only covers our findings in relation to Good Governance. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Harrow Carers' on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

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 this focused inspection, we found that the provider taken action to comply with good governance. Checks on the quality of care provided by the service had been carried out. These included spot checks on care workers and reviews of the services provided. Telephone monitoring had also been carried out to obtain feedback from people who used the service. An audit of the service had been carried out a senior manager of the charity.

A satisfaction survey had been carried out. People and their relatives expressed confidence in the management of the service. Where suggestions had been made or deficiencies noted, action had been taken in response to improve services.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service well-led?

The service was well led. Checks of the service had been carried out. These included spot checks on care workers and reviews of the services provided. Telephone monitoring had been carried out to obtain feedback from people who used the service. An audit of the service had been carried out. A satisfaction survey indicated that that people and their relatives had confidence in the management of the service

Good ●

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## **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 29 December 2016 and 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. At the time of this inspection the service had 72 people who used their service.

Before our inspection, we reviewed information we held about the service. This included any notifications and reports provided by the service or the local authority. Prior to the inspection the provider completed and returned to us the 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 plan to make.

We spoke with the registered manager. We did not speak with any people who used the service as this was not relevant to this follow-up inspection. We reviewed a range of records related to good governance. These included three care records of people who used the service, three staff records, policies and procedures as well as audits and checks carried out on the service.

# Is the service well-led?

## Our findings

At the last inspection on 9 August 2016 we noted that there was no comprehensive quality assurance system of audits. There was no written evidence of regular audits of complaints, policies and procedures, staff records and care documentation. The lack of regular and comprehensive quality assurance audits for monitoring and improving the quality of the service may affect the safety and quality of care provided for people and was a breach of Regulation 17 Good Governance.

At this inspection, the registered manager provided us with evidence of quality monitoring systems. We saw evidence that audits had been started. These audits included areas previously identified by us such as frequency of care reviews and spot checks done on staff. These audits had been carried out by a senior manager of the charity. There was evidence that checks had been made to ensure that senior staff had visited people in their homes to review their care with them and their relatives. In addition, there were details of telephone conversations with people and their relatives to obtain their views of the services provided.

Care plans were well maintained and up to date. They had been signed by people or their relatives. The service had a range of policies and procedures to ensure that care workers were provided with appropriate guidance to meet the needs of people. These addressed topics such as safeguarding, medicines and health and safety. The whistleblowing procedure had been updated following the last inspection. There was an infection control policy. The service had an appropriate safeguarding policy which included the role of the DBS (Disclosure and Barring Service) and the responsibility of the service to report staff implicated in abuse to the DBS.

The registered manager stated that the service had sent out satisfaction survey forms to people and their representatives recently and we saw details of action taken following the findings.