

Harley Street Agency Limited

# Harley Street Care

## Inspection report

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London  
NW1 8NS

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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

### About the service:

Harley Street Care is a domiciliary care agency. It provides personal care and support to people living in their own houses and flats in the community. It provides a service to younger and older adults with significant care and support needs such as dementia and physical impairments. At the time of our inspection 17 people were using the service.

### People's experience of using this service:

The care and support provided to people was person centred. People's care plans and risk assessments included information about their preferred care and support needs and preferences. Individualised guidance for staff was provided to assist them in meeting people's needs and preferences and to reduce and manage the risk of harm. These records had been reviewed regularly and updated where there were any changes in people's needs.

Staff had received training about safeguarding and knew how to respond to and report any allegation or suspicion of harm or abuse. They understood the importance of reporting concerns immediately.

The service's recruitment procedures were designed to ensure that staff were suitable for the work they would be undertaking. New staff members were not assigned work until two satisfactory references and criminal records disclosures had been received.

New staff received an induction to the service before starting work. All staff received regular training to ensure that they were able to meet the needs of the people they supported. Staff also took part in regular supervision sessions to support them in carrying out their roles.

People and their family were involved in decisions about their care. People had been involved in agreeing their care plans and participated in reviews of the care and support provided to them. People and family members said that staff asked people for their consent to carry out care and support tasks.

Information about people's religious, cultural and communication needs was included in their care plans. Staff supported people to participate in activities of their choice at home and in their local communities.

People were regularly asked about their views of the care and support that they received. Spot checks to look at the quality of care and support had taken place in people's homes.

Processes were in place to manage and respond to complaints and concerns. People and family members were aware of the service's complaints procedure and knew how to make a complaint if they needed.

The provider undertook a range of audits to check on the quality of care provided. These were reviewed by the management team and actions had been taken to address any concerns.

Rating at last inspection:

The service was registered by CQC on 19 April 2018. This was their first inspection under this registration.

Why we inspected:

This was a planned comprehensive inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to inspect as part of our re-inspection programme.

## 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 safe.

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our Well-led findings below.

Good ●

# Harley Street Care

## **Detailed findings**

### Background to this inspection

#### The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Our inspection of Harley Street Care took place on 28 February 2019. The service's IT systems were unavailable on that date, so we returned to complete the inspection on 8 March 2019.

#### Inspection team:

The inspection was carried out by a single inspector.

#### Service and service type:

This service is a domiciliary care agency. It provides support to adults living in their own homes. At the time of inspection 17 people were using the service.

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 48 hours' notice of the inspection visit because it is a small service. We needed to be sure that the registered manager would be in the office.

#### What we did:

Before the inspection we reviewed information we held about the service, for example, statutory notifications. A notification is information about events which the provider is required to tell us about by law.

During the inspection we spoke with the registered manager, the service co-ordinator and the operations manager. We looked a range of records. This included six people's care records and five staff files. We also

reviewed records relating to the management of the service such as quality assurance monitoring records and policies and procedures.

Following our inspection we spoke with two people and two family members. We also spoke with two care staff.

# Is the service safe?

## Our findings

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

Good:  People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People and family members told us that staff provided safe care and support. A relative said, "The staff always make sure my [relative] is safe and well. This is reassuring to me."
- Staff had received training in safeguarding adults. They understood the need to report any concerns immediately.
- The registered manager understood their responsibilities in reporting safeguarding concerns to the local authority and CQC.
- Safeguarding concerns had been recorded by the registered manager. The records included information about investigations and outcomes.

Assessing risk, safety monitoring and management

- People using the service had person centred risk assessments. The risk assessments covered a range of safety and wellbeing needs, such as mobility, health, eating and drinking, social isolation, infection control and environmental risks.
- People's risk assessments included guidance for staff on how to manage and reduce identified risks.
- The risk assessments had been regularly reviewed and updated when there were any changes in people's needs. For example, a person's eating and drinking risk assessment had been revised following an assessment by a speech and language therapist.

Staffing and recruitment

- The services' recruitment procedures ensured that new staff were suitable for the work they were undertaking. Checks of criminal records and references had been carried out before staff started work.
- The services' rotas showed that people received support from regular staff. A family member said, "When the regular carer isn't here they send another staff member who knows my [relative]."
- Staff signed in and out from care visits using an 'on-line' system via their smart phones. The registered manager told us that a failure to sign in on-line would be immediately followed up.
- The service monitored care visit times on a regular basis. The monitoring records showed that late or missed calls were rare. The registered manager told us that any concerns were immediately discussed with staff.
- People and family members told us that staff were reliable and rarely late. A person said, "They let me know if they are stuck in traffic, but this doesn't happen very much."

Using medicines safely

- Staff supported some people to take their prescribed medicines. Where they did so, they had signed peoples' medicines administration records (MARs). The service monitored peoples' MAR charts regularly to

ensure that they were correctly completed by staff.

- Information about the medicines that people were prescribed was included in their care records.
- Staff received regular medicines administration training and systems were in place to assess their competency.

Preventing and controlling infection

- People's risk assessments included information about managing the risk of infection.
- Staff said that they were provided with disposable aprons, gloves, shoe covers and sleeve covers. A family member confirmed that staff used these items appropriately when supporting their relative.

Learning lessons when things go wrong

- Staff had reported and recorded accidents and incidents in a timely manner. Systems were in place to monitor and review accidents and incident reports to ensure that people were safe.
- People's risk assessments and care plans had been updated if there were any concerns arising from an accident or incident.



# 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

Good:  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

- Detailed assessments of people's needs had been carried out before they started to receive care and support from the service. The assessments had been reviewed monthly and updated when there were changes to people's needs.
- People's assessments included information about their individual health and care needs, preferences and religious and cultural requirements.
- People and family members said that they had been involved in agreeing their assessments and the care and support that they needed.

Staff support: induction, training, skills and experience

- New staff received an induction to the service to help them carry out their roles. The induction met the requirements of the Care Certificate which provides a nationally recognised set of learning outcomes for new staff working in health and social care services.
- Regular 'refresher' training was provided to all staff to ensure they remained competent and up to date in their roles. A staff member said, "The training is very good. It helps me to think about the care that I am providing and to do it well."
- The service had a system for monitoring when 'refresher' training for staff was due. The system also enabled the registered manager to check if staff had completed 'on-line' training courses as required by the service.
- Staff also received regular supervision sessions where they could discuss issues in relation to their work and personal development. A staff member said, "These meetings are very helpful, but I also phone the office regularly and always get support when I need it."

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

- People were supported by staff to eat and drink if they needed help.
- Information about people's eating and drinking needs and preferences was included in their care plans and risk assessments.
- Where people had specific eating and drinking difficulties advice had been sought from relevant health care professionals. For example, a speech and language therapist had provided guidance about supporting a person with swallowing needs to eat and drink safely. A dietician had been involved in developing a food plan for a person with low weight and guidance about this was included in their care plan.

Staff working with other agencies to provide consistent, effective, timely care

- People's care plans included information about other health and social care professionals involved with

their support. Staff had developed links with these professionals to ensure that effective joined-up support was provided when required.

- People's daily care records showed that staff had liaised with other professionals to ensure that people's needs were met.
- Staff followed professional advice and guidance to ensure that people's needs were met.

Supporting people to live healthier lives, access healthcare services and support

- Information about people's health and wellbeing was included in their care plans and risk assessments.
- People were registered with GPs and received support from community nursing services when required.
- Staff supported people to attend GP and hospital appointments.
- People had personal 'health passports' that included information about their health and other needs and requirements. These had been developed to ensure that health professionals had up to date information if people were admitted to hospital.

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.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. Applications must be made to the Court of Protection when people live in their own homes. We checked whether the service was working within the principles of the MCA.
- People's care assessments included information about their ability to make decisions. Care plans included guidance for staff about the decisions that people could make for themselves.
- Staff had received training about the MCA and understood the importance of this. A staff member said, "[Person] gets confused and doesn't always understand, but they are fine if I wait and speak with them later. I will speak with my manager if I think that [person] if they get more confused."
- People were involved in making decisions about their care and support. Family members and other professionals had also been involved in supporting people to make decisions when required.

# 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

Good:  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 and family members spoke positively about the care and support they received from staff. Comments included, "The staff are very good. I can't fault them," and, "They have been lovely with my [relative]. The best service we have had."
- Staff understood their roles in ensuring people received caring and compassionate support. A staff member said, "I think about how I would want my mum to be treated and this is how I support my client."
- Staff received training in equality and diversity and person-centred approaches to help them to understand the importance of supporting people's unique individual needs.
- A family member said, "The staff understand [relative's] religious needs and background and they have been very respectful of these."

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

- Information about people's communication needs was included in their assessments and care plans. This included guidance for staff about how to support people to make choices about their care and support.
- People and their family members were involved in decision making. A person said, "They always ask me before they do anything and check if I am happy with this." A family member told us, "They don't do anything unless [relative] agrees. Sometimes they wait to do things until it is best for [relative]."
- Information was provided in accessible formats that promoted people's involvement in agreeing their care and support. The registered manager said that the service would always ensure that information was developed to meet people's communication needs. They showed us a picture assisted easy to read care plan that had been developed to support a person who had difficulty with reading.

Respecting and promoting people's privacy, dignity and independence

- People and family members told us that staff supported people's privacy and dignity at all times. A family member said, "They cover [relative] when they wash them. They always make sure that things are done the way [relative] wants."
- Staff supported people to maintain their independence. People were supported to do as much as they could for themselves. Care plans included guidance for staff on how to support people to do things for themselves as much as they were able to.

# Is the service responsive?

## Our findings

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

Good:  People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People had individual care plans which described their personal histories, needs, preferences and interests. The care plans included information for staff on how they should support people to ensure that their needs and preferences were met.
- Information about people's cultural and religious needs were included in their care plans. A family member said that staff understood and were respectful of these.
- Care plans were reviewed monthly and when people's needs changed. People's care plans had been updated when there were any changes in their care and support needs.
- People and family members told us that they had been involved in reviews of the care and support provided by the service.
- People were supported to participate in activities of their choice where this was part of their care agreement. For example, one person had been supported to go out for lunch or afternoon tea. Another person was supported to attend a place of worship when they wanted to. The registered manager showed us photographs of people enjoying birthday cakes and Christmas meals with staff. They said, "Some people don't always see their relatives on birthdays and at religious holidays so we like to make sure they feel remembered and special."
- Information about people's interests was included in their care plans. A staff member told us that one person liked the Royal Family and that staff always ensured that they were supported to watch Royal events on television, A family member said that staff often chatted spoke with their [relative] about the things that were important to them from their past.
- The service had organised a Christmas carol event for people, family members and staff. The operations manager said that the service was planning to arrange other events for people in the future.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure that was provided to people and family members when they started using the service.
- The service had a system for monthly monitoring of complaints. No formal complaints had been received. Other concerns and queries about people's care and support was also logged and monitored.
- People and family members told us that would contact the registered manager if they had a complaint. One family member said, "They always sort things out straight away when I ask them."

End of life care and support

- At the time of this inspection one person was receiving end of life care. Staff had liaised with local palliative care professionals to ensure that they were receiving suitable support.
- Guidance about meeting the person's needs was included in their care plan. Their care records also

included information about their end of life wishes.

# 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

Good:  The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Arrangements were in place to ensure that people's needs were central to the delivery of care and support.
- The registered manager had introduced new care documentation to ensure that people's needs were met in the most effective way.
- People and family members were positive about the service they received. A family member said, "This is the best service that we have ever had."
- Information about the aims and objectives of the organisation was provided to new staff members during their induction. Information about service improvements and developments were regularly circulated to staff and discussed with them during their supervision sessions.
- The registered manager understood their role and responsibilities to ensure notifiable incidents were reported to the appropriate authorities if required.

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

- People, family members and staff said that the service was well-managed. A family member said, "The manager gives clear instructions following up with actions where necessary." A staff member said, "This is the best managed agency I have ever worked for."
- The registered manager had carried out regular monthly checks to monitor the safety and quality of the service. These included checks of people's care records, medicines records, complaints, accidents and incidents and staff records.
- The service had systems in place to analyse and act on concerns in relation to quality and safety at the service. When we inspected the service was in the process of implementing an electronic system for monitoring and reporting. For example, staff were recording daily care records via their smart phones. This meant that 'live' reports could be accessed immediately. The registered manager told us that this system was being developed to ensure that it fully met the needs of the service.

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

- Regular spot checks took place to obtain people's views and to observe staff supporting people. Monthly telephone calls were made to people to check their satisfaction with their care and support.
- People and family members confirmed that they were regularly asked for their views about the service.

- Meetings with staff took place to share information and provide opportunities for them to share and discuss issues related to their care practice.
- Staff said they appreciated the support that they received from the registered manager. A staff member said, "[Registered manager] has time to listen and help me to learn."

#### Continuous learning and improving care

- There was a culture of continuous improvement and learning within the service. The registered manager kept up-to-date with best practice and circulated information to staff. An ongoing programme of staff learning and development was in place to ensure that staff maintained and developed their skills.

#### Working in partnership with others

- The service liaised with other health and social care professionals to ensure that people's needs were fully met.
- Staff had sought immediate advice and guidance from health professionals where there were any concerns about a person's needs. Where people had been admitted to hospital the registered manager had ensured that contact was maintained with hospital staff to ensure that appropriate support was in place when a person was discharged and ready to return home.