

Harrall Care Services Limited

# Harrall Care Services Limited t/a Home Instead Senior Care

## Inspection report

Unit 3, St Albans Enterprise Centre  
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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

The inspection took place on 23 and 29 June 2016. The visit was announced which meant that the registered manager was given 48 hours' notice. This was to help facilitate the inspection and make sure that people who used the service and staff members were available to talk with us. At our last inspection on 12 February 2014 the service was found to be meeting the required standards in the areas we looked at. Home Instead Senior care St Albans is a domiciliary care service that provides care and support to up to sixty people in their own homes.

There was a manager in post who had registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run. The registered manager was supported by service and assistant service managers responsible for the day-to-day operation of each location where people received care and support.

People told us that staff helped them stay safe, both at home and when out and about in the community. Staff received training for how to safeguard people from abuse and were knowledgeable about the potential risks of abuse and how to report their concerns. Robust recruitment practices were followed and there were sufficient numbers of suitable staff available at all times to meet people's needs. People where necessary and appropriate were supported to take their medicines safely and at the right time by trained staff. Potential risks to people's health and well-being were identified, reviewed and managed effectively.

People who received support, relatives and health care professionals were positive about the skills, experience and abilities of staff who received training and refresher updates relevant to their roles. Staff supported people to maintain good health and access health and social care services when necessary.

Staff obtained people's agreement to the support provided and always obtained their consent before helping them with personal care and were aware of MCA requirements. People told us that staff supported them in a kind and caring way that promoted their dignity. We found that staff had developed positive relationships with the people they supported and were clearly very knowledgeable about their needs and personal circumstances.

People who received support were involved in the planning and regular reviews of the care provided and this was accurately reflected in their individual plans of care. The confidentiality of information held about people's medical and personal histories was securely maintained.

People received personalised care and support that met their needs and took account of their preferences. Staff were knowledgeable about people's background histories, preferences and routines. People were supported to pursue social interests relevant to their needs. They told us that the registered manager and staff listened to them and responded positively to any concerns they had. People were encouraged to raise

any concerns they had and knew how to make a complaint if the need arose.

People, their relatives, staff and professional stakeholders were all complimentary about the management team and how the service operated. The management team monitored the quality of services and potential risks in order to drive continuous improvement.

## 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.

People were supported to stay safe by staff who had been trained to recognise and respond effectively to the potential risks of abuse.

Safe and effective recruitment practices were followed to ensure that staff were suitable for the roles performed.

Sufficient numbers of staff were available to meet people's support needs at all times.

Where necessary, people were helped to take their medicines safely by trained staff.

Potential risks to people's health were identified and managed effectively.

### Is the service effective?

Good 

The service was effective.

Staff obtained people's agreement and consent before support was provided and were aware of the mental capacity requirements.

Staff were trained and felt supported which helped them meet people's needs effectively.

People were supported to maintain good health and access health and social care services when necessary.

### Is the service caring?

Good 

The service was caring.

People were supported in a kind and compassionate way by staff who knew them well and were familiar with their needs.

People were involved in the planning and reviews of the support provided.

People were supported in a way that promoted their dignity and respected their privacy.

The confidentiality of personal information had been maintained.

**Is the service responsive?**

**Good** ●

The service was responsive.

People received personalised support that met their needs and took account of their preferences and personal circumstances.

Guidance enabled staff to provide person centred care and support.

People were helped and supported to pursue social interests relevant to their needs.

People knew how to raise concerns and were confident these would be dealt with in a prompt and positive way.

**Is the service well-led?**

**Good** ●

The service was well led.

Systems were in place to quality assure the services provided, manage risks and drive improvement.

People who received support, relatives, staff and health care professionals were very positive about the managers and how the service was operated.

Staff understood their roles and responsibilities and were well supported by the management team.

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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 was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2012, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 23 and 29 June 2016 by one Inspector. The inspection was announced which meant the registered provider was given 48 hours' notice. This was to help facilitate the inspection and make sure that people who used the service and staff members were available to talk with us. Before the inspection, the provider was also required to complete a Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

Home Instead Senior Care St Albans is a domiciliary care service that provides care and support to people in their own homes. During the inspection we spoke with five people who used the service, two relatives, five staff members, the registered manager and the provider. We also received feedback from health and social care professionals. We looked at care plans relating to three people who used the service, three staff files and other information relating to the monitoring of the service.

# Is the service safe?

## Our findings

People told us they felt safe being supported by staff from the agency. One person told us "It is so reassuring to know they are coming. They do make me feel very safe". A family member said "I have no concerns about my (relatives) safety, it has never been an issue and we have no issues at all."

People and their relatives told us they felt assured that they were kept safe and were protected from any potential risks of abuse. One person told us, "I always feel that I am safe and confident that the staff consider my safety. For example they never rush or cut corners they go at the pace that suits me, I feel reassured". Another person said, "We have contact with senior staff all the time even when the office is closed, so that helps to keep me safe."

There were robust systems and processes in place to protect people from the risk of abuse and staff were aware of how to identify and report any concerns. Staff received training in how to safeguard people from abuse. Staff told us they would report any concerns to their manager. One member of staff told us "I have never witnessed anything of concern since working for Home Instead but I would have no hesitation in reporting any concerns if I had any." Another staff member said, "We have regular training and talk about protecting people from abuse so we are all very aware of our responsibilities." Staff had access to information and guidance about how to report concerns which included relevant contact numbers for local safeguarding authorities. Staff were able to describe the whistle blowing policy and how to elevate concerns externally if this was required.

Potential risks to people's health and safety were identified. We saw that these were assessed and reviewed to take account of people's changing needs and circumstances. This included environmental checks, and risks to their well-being. We saw that information about any risks was provided to staff to assist them in mitigating and reduce the likelihood of any potential harm.

Safe recruitment processes were in place to help ensure that staff were of good character and suitable to work in a care role. We saw that all pre-employment checks were completed including a criminal records bureau check (CRB) and up to six references were taken requested from previous employers. These checks helped managers to assess staff's suitability for the role they were being employed for and helped to ensure people were kept safe.

There were enough suitably experienced, skilled and qualified staff available to meet people's individual care and support needs at all times including evenings and weekends. One person told us, "The [staff] are wonderful and always arrive on time." Another person told us "They have never let me down, I think that's why I feel safe and because I have the same person most of the time they have got to know what I need." A relative of one person who received support told us, "Staff always stay for as long as it's needed and check if anything else is required before leaving."

People were supported to take their medicines safely if they required the help from staff. We saw from records that staff had received appropriate training and had competency checks completed regularly. Staff

described the process for the safe administration of medicines and how they completed the medication administration record (MAR). People told us they felt assured that staff had the skills to assist them to take their medicines. One person told us that staff reminded them to take their medicines when required.



# Is the service effective?

## Our findings

People were supported by staff who had been trained and supported to meet people's needs in an effective way. Staff told us they had received training in topics such as safeguarding, moving and handling, safe administration of medicines, and first aid. People were complimentary of all the staff and their skills and abilities. One person told us, "The staff are all brilliant; they definitely know what they are doing." Another person told us "I am sure the staff have had training but I am not sure what type of training they have had." Another person told us "I have a folder and know my regular care worker looks at the care plan and knows what support I need."

Staff told us they felt the training was appropriate and gave them the skills they needed to enable them to support people effectively. New staff attended a robust induction which covered core topics including moving and handling, safeguarding, first aid and food hygiene. In addition they 'shadowed' more experienced staff until they were competent to work in an 'unsupervised capacity'. They felt they were well supported by the management team and could speak with them at any time they needed to. We saw form records and staff told us that they were invited to attend team meetings. Staff also had one to one meetings with their line manager bi-monthly to discuss any concerns they had about people they supported and to discuss any training needs and to review their performance. One staff member told us, "I have met with my manager regularly since I started working here, we discuss anything I want to discuss." Another member of staff told us, "We are all doing the 'care certificate' when I meet my manager. We always review my progress and discuss anything 'work related'." Staff told us they found the managers and provider to be very supportive, and told us that they often arranged social events and recently had a fish and chip evening combined with a team meeting.

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. Staff were aware of the need to obtain people's consent before assisting them with support. All staff had completed relevant training and understood their role in protecting people's rights in accordance with this legislation. The registered manager and provider demonstrated a good understanding of legal requirements in relation to consent arrangements.

People told us staff supported them to access health and social care services when required. For example if a person needed to see their GP, attend a chiropody appointment or see a dentist or optician staff made the appointment for them or referred to the office staff to arrange the appointment for them. If required staff accompanied health related appointments to support them.

Staff assisted people, where required, to have sufficient amounts to eat and drink and were aware of people's nutritional requirements. One person told us, "My care worker always asks if I want something to eat or sometimes prepares a sandwich and leaves it in the fridge for me." Another person told us, "My carer makes sure I have access to drinks and usually makes me a cup of tea before they leave." In some cases people told us they had no needs around food and hydration as family members supported them and

prepared their food.

# Is the service caring?

## Our findings

People who used the service, their family, relatives and friends were all very complimentary about the staff supporting them. People told us the staff were kind and caring. One person told us, "I have never had a bad experience, they have all been lovely, really kind and they treat me as an individual which is lovely." Another person said, "I had used several agencies before I started to use Home Instead Senior Care and they are by far the kindest bunch of staff I have ever been supported by."

People spoke repeatedly about staff being kind and compassionate. Staff told us they treated people as individuals. One member of staff told us, "I really miss my clients when I am off duty and try to treat them like I would like my own family to be treated." One person told us, "They [staff] are all kind and caring; they never rush and always check to see if I need anything else to be done." Another person commented, "They never send strangers, they always come and introduce new staff which is exceptional." One person told us, "I like the fact that I have a small team of care workers so they all get to know my individual needs wishes, likes and dislikes, it's personal to me." They went on to say, "They are always calling from the office to make sure everything is ok, that goes a long way because you can tell they care enough to check you are happy."

People told us that staff provided care and support in a respectful way that promoted people's dignity and respected their individuality. One person told us, "Staff always makes sure my privacy is maintained if my (family) member is around." Staff told us while providing personal care they ensured people were covered, blinds were closed and that people's dignity was respected. A relative of a person told us, "The staff are so caring, they are very aware of people's privacy and never start to give (relative) personal care until I leave the room." Another relative told us, "They don't rush my [family member] and make sure they go at their pace. They also check before they leave that person is happy with the support." A relative of a person who was being supported told us, "I hear them chatting away in the other room and I know this makes (relative) feel more relaxed and takes their mind of the task being done."

Staff demonstrated when speaking with us that they had developed positive and caring relationships with the people they supported and were very knowledgeable about their individual needs. They were able to tell us about people's individual routines, how some people liked a cup of tea when they arrived while another person liked to have their wash first and they could then relax and have breakfast. Staff told us they focused on the person and their quality of life. One staff member told us, "With this organisation they focus on the whole person not on getting the task done." They went on to say, "We often sit down to chat and have a cup of tea with our clients. We never feel under pressure to rush off to the next visit, we really do care about the people we support."

People who received a service, and in some cases their relatives, were involved in the planning, development and reviews of the care and support provided. People had a 'key worker' assigned to them who was responsible for ensuring they received the support required to meet their individual needs. They also reviewed and updated any changes to their care plan. A relative we spoke to told us, "We are always invited to contribute to the review process. They review care plans very often and we feel fully able to say what we think." Confidentiality was maintained throughout the service and information held about people's

health, support needs were kept secure. Staff were aware of the need to keep information confidential and told us they did not discuss people's business outside the organisation.

Staff told us they provided details of advocacy services so that people and or their relatives could access independent advice and support if they wished. At the time of our inspection nobody was being supported by an advocate. One person we spoke with told us they had used the advocacy services in the past.

## Is the service responsive?

### Our findings

People who used the service told us they received care and support that met their individual needs and that took into consideration any changes to their needs and abilities. People told us they felt the staff were always aware of any changes to their requirements and took appropriate action to review any changes. For example one member of staff told us that their client's first language was not English and to enable them to communicate more effectively they employed care workers who spoke other languages.

Staff gave us many examples about changes to people's needs and how they communicated these to the office. Their report triggered a review of the person's needs. For example a person who wanted a more 'flexible' support package had their care needs reassessed to enable staff to respond to the persons needs in a very flexible way.

The provider told us that there is always a member of the care team on "standby" available to be dispatched should they be needed to provide care at short notice-if a caregiver goes sick for example. This ensured that the client is provided with care consistently at the right time and with minimum disruption.

We saw and staff told us that they were given detailed and specific information to help staff provide care in a person centred way, based on people's individual health and support needs. A member of staff told us they always checked if people had any specific cultural, religious or dietary needs to enable them to respond appropriately to those needs. For example one person had a religious routine that they liked to practice and staff told us they were aware of this and acted accordingly.

Information included in people's care files included people`s assessed care needs and a care plan which was developed based on the assessment. Care plans detailed times and preferred routines for people. However staff told us they were 'flexible in their approach as they recognised that people could change their minds and this was always accommodated.

Home Instead Senior Care had established meaningful links and working relationships with a number of other service providers in the community including a local training company and a providers training partnership. These links facilitated the sharing of good practice and information relevant to people who were being supported. Staff told us that they often contacted other professionals to arrange appointments for people who used the service including GP's, or other social care specialists such as opticians or chiropodists or whatever people required relevant to their particular needs.

People told us they felt 'involved' and said they were consulted and updated about the services provided. They were encouraged to provide feedback about how the service operated. People we spoke with told us they knew how to raise a concern if needed. However no one we spoke with had needed to complain about the service they received. People told us they had confidence that the registered manager and staff would respond to any concerns raised in a prompt and positive way. One person told us "This organisation is very customer focused; they do not wait for complaints to be made. They check that people are happy with the service." Another person told us, "If I had any concerns I would have ample opportunities to share them

because someone from the office calls us every few months but I would not have any problem giving them a call if I wanted to tell them about anything."

We saw how complaints had been recorded, actions taken and responses sent to people. This demonstrated that complaints were taken seriously and information used as a learning outcome to help improve the service in the future. For example where a person had complained about a lack of consistency of care workers when their regular care worker was off, their allocation had been reviewed and reassigned. Follow up calls were made to the person to ensure the concerns had been addressed fully.

## Is the service well-led?

### Our findings

People, their relatives and staff were very complimentary about the provider and the management team. Staff told us they felt valued and supported by the provider. They had clear roles and responsibilities and were consulted and involved in how the service operated. One member of staff told us, "We get a newsletter keeping us informed about what is going on." Another staff member told us, "This is the best agency I have ever worked for, they really care about the quality of care people receive and about the staff satisfaction." Another member of staff told us, "They are always arranging social events, fish and chips at team meeting, care giver awards there is always something going on."

People who used the service spoke positively about all aspects of the service. One person said, "This is the best agency I have ever had, they really do care and everything is well managed there is no comparison with my previous experiences." Another person said, "It is definitely well run and managed. They ensure we are kept informed and there is regular contact with the office."

Both office staff and care staff told us they were well supported in their roles and that the provider and registered manager were approachable and gave clear and consistent leadership. Staff told us they were able to speak to managers at any time. One staff member told us, "When the office is closed you can always get support. There is always a manager or senior person on duty to offer advice and support."

All senior staff including the provider and registered manager were very knowledgeable about the people the service supported. Staff told us the provider ensured that staff had the tools, resources and training necessary to meet people's needs.

The provider told us that they had developed strong links with the local community and identified a general need in the local community for more information and support to be provided for those living with dementia. They had been asked to be involved in creating two Dementia Friendly areas by The Skills for Care Organisation, Hertfordshire County Council and St. Albans District Council. Being involved has meant that over the last 2 years Dementia Information Sessions have been delivered to over 1800 individuals. This included employees of the Hertfordshire Police Force, the Hertfordshire Fire Service, staff at all local hospitals and St. Albans District Nurses, as well as local Community Groups. They have supported the creation of a Dementia Café in one of the areas and has provided advice and help to the individuals running the café to ensure that it has continued and that all of the local people have been able to access it. The work done has helped to increase awareness of the disease in the local area which in turn helps support those living with the disease in their local community enabling them to live well and safely in their own homes for as long as possible.

We found that people's views, experiences and feedback were sought. In addition other stakeholder's professionals and relatives were able to give their views and feedback on their experience about the service. People all spoke highly about how the service was managed and run. Everyone who completed the survey responded positively and said they would recommend the agency to everybody in need. Another area where people were very positive was the fact that the agency provided visits of a minimum time duration of an

hour which meant staff had plenty of time not only to deliver care but also to offer companionship to people. Staff told us and rotas confirmed staff had plenty of time in between visits so 'travelling time' was never an issue. People told us staff arrived on time and always stayed the full duration unless people asked them to leave.

We saw that regular 'spot checks' were undertaken by senior staff and managers in people's homes to ensure staff maintained the quality of the service. For example to check if staff wore their name badges, used personal protective equipment (PPE) when it was required and if they respected people`s dignity and promoted the companies ethos and values.

Quality assurance systems and processes were in place to monitor all aspects of the service. We saw regular audits were completed in relation to care plans and reviews, risk assessments and quality monitoring. Accidents and incidents were recorded to enable managers to identify possible trends and put any required remedial actions in place. Notifications which are required to be submitted to CQC to inform us of significant events were sent to us appropriately.