

Harty Homecare Services Ltd

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Inspection report

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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

Harty Homecare Services Ltd is a domiciliary care agency providing personal care to 10 people at the time of the inspection. The office is based in Caterham, and all the people they support live in the local area.

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.

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

People were positive about the experiences using Harty Homecare. They described staff as caring and that they respected their privacy and treated them with respect.

People's safety was assured because risks to their health were assessed and guidelines were put in place to minimise them coming to harm. Staff understood their roles and responsibilities with regards to keeping people safe from abuse. The registered manager made sure that appropriate checks were carried out on prospective staff to ensure they were safe and suitable to work with people who used Harty Homecare.

There were enough staff to meet the needs of people. The service operated across a small geographical location and people told us their care calls were rarely late, and they had never had a call missed. Staff spent the allotted time with people and made sure their needs were met before they left.

People's needs were assessed before they used the service. This ensured that these needs were known by staff and that people's equality and diversity was understood and respected. The service was effective in ensuring people were supported to have enough to eat and drink, and to access health care services should the need arise.

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.

Care plans were developed and gave staff guidance on the care and support that people wanted, including action that may need to be taken in emergencies. Complaints about care, when received, were fully investigated and used to make improvements to the service.

People and staff told us they felt the service was well managed, and that the registered manager was approachable, and listened to what they said. Quality assurance processes were used to ensure the service met people's needs, and that they were happy with their care and support.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 11 January 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date the service registered with us.

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?

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 ●

Harty Homecare Services Ltd

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

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 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 12 December 2019 and ended on 18 December 2019. We visited the office location on 12 December 2019 and contacted people, relatives and staff by telephone to gather their views on 18 December 2019.

What we did before the inspection

We reviewed information we had received about the service since they had registered with us. We sought

feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with six people who used the service and two relatives about their experience of the care provided. We spoke with four staff including the registered manager (who was also the nominated individual). The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. These included care and medicine records for three people. We looked at two staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. This included updated information for end of life care plans.

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

- People felt safe with the staff who supported them. One person said, "yes [I feel safe], because they take care of me."
- Staff understood their responsibilities if they suspected abuse was taking place. One staff member said, "I have to report it straight away to the manager. It's my duty to care and if the manager did nothing I have to contact social services."
- The service had a clear documented policy on protecting people from abuse. This was based on the best practice guidance issued by the local authority, who are the lead agency with regards to safeguarding in Surrey. The registered manager said, "We have zero tolerance for abuse. Staff had training on safeguarding and we discuss this at meetings. My phone is on 24/7 so if they are worried about anything they can call me straight away."

Assessing risk, safety monitoring and management

- People were safe because hazards to their health and safety had been assessed and plans were put into place to minimise the risk of them coming to harm. One person said, "She [carer] is very fussy and good, she looks around to see that things are safe for me."
- Staff knew how to minimise risks to people's health and well-being. The individual support required to protect people from harm was contained in risk assessments. One staff member said, "We have to look out for hazards, like tripping, and follow the care plan when doing things like moving and handling so we don't hurt the person."
- The risks to people that had been managed included falls, fragile skin, difficulty swallowing and smoking. Environmental risks within people's homes had also been identified and managed to ensure people and staff were safe.
- The registered manager had an emergency plan in place to ensure the service would function if any events such as adverse weather impacted staff's ability to reach people. The registered manager said, "There was one day when the whole area was jam packed due to traffic and road works. The first thing we did was call everyone and prioritise, so those that needed a pad changed, or needed help with food where seen first."

Staffing and recruitment

- People confirmed they were generally satisfied with the timelines of staff, and that if staff were late, this was only by a few minutes. No one had experienced a missed call.
- Staffing levels were matched to the needs and number of people that used the service. The registered manager said, "We are only taking local calls to minimise traveling and the risk of being late for a call. We know how many calls staff can do in a day, and we do give them travel time."

- The registered manager followed safe practices when recruiting new staff. They obtained proof of identity and address, references and a Disclosure and Barring Service (DBS) check. DBS checks help employers make safer recruitment decisions and include a criminal record check.
- The potential impact on staffing from Brexit had been considered by the registered manager, to ensure the service people received would not be affected.

Using medicines safely

- People were supported to have their medicines when they needed them and as prescribed. Medicine administration records (MARs) had been completed with no gaps and signed by staff to evidence that people had taken their medicines.
- Where Harty Homecare staff were responsible for managing people's medicines this was done in a safe way. Only staff that had completed training in medicine were able to support people with this aspect of their care.

Preventing and controlling infection

- Staff were trained in infection control and had access to protective personal equipment such as disposable gloves and aprons. People confirmed staff wore gloves and aprons when supporting them and washed their hands.
- Care plans gave guidance to staff on safe infection control practices when giving personal care. For example, to use different coloured flannels for different parts of a person's body.

Learning lessons when things go wrong

- Accidents and incidents were reviewed and monitored by management to identify any themes. Action was taken to minimise the risk of reoccurrence. At the time of the inspection very few accidents or incidents had taken place, so no patterns or changes in care needs had been identified.

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

- People's needs, and preferences were assessed before receiving support from staff, to ensure their needs could be met. One person said, "Early on when I started with them, they asked me questions about what I needed from them."
- The information from these assessments was used to develop individual care plans which guided staff on how to support people. One person said, "I felt involved in the assessment process."
- The assessments considered any protected characteristics under the Equality Act, as well as any religious needs or cultural needs. One person said, "I am [faith's name] and it was important to me that they have sent me staff of the same faith."

Staff support: induction, training, skills and experience

- Staff received induction, training and support to ensure they had the required skills and knowledge to meet people's needs. People told us they felt staff were competent.
- Staff confirmed they were provided with a range of training to support them in their roles. One staff member said, "We do get supervision, and discuss things like training."
- Records and staff we spoke with, confirmed they received supervision and felt supported by the registered manager.

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

- Some people required assistance with meal preparation, which they felt they received effectively. People said that staff offered them choice and made sure they had food and drink available before they left. Staff were knowledgeable about people's diets and helped with eating when required.
- People's dietary requirements and preferences were understood by staff because detailed guidance was in the care plans. For example, what people preferred for breakfast, and how many sugars they liked in their hot drinks. One staff member said, "They make their own choice, when we make the food for them. We always encourage and supervise them to make their own food whenever possible."

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

- The registered manager staff understood their responsibility to seek professional advice where they felt people's needs changed. One staff member said, "It's mainly about calling services when people become unwell."
- People were supported to attend routine appointments to enable them to receive care from health care professionals. The registered manager said, "One client was getting lots of letters about appointments and

they didn't do anything about them and didn't attend. We had a review with them and social services. As a result [and with the person's agreement] I will be picking up their appointment letters and arranging transport for them, so they can now attend the appointments."

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.

- People told us staff sought their consent prior to supporting them. One person said, "They always ask me."
- People's rights were protected because staff followed the principles of the MCA. People's consent had been sought before they received care from the agency, and this was recorded in their care plans.
- Staff understood the need to seek and obtain people's consent before giving care or support. Staff were able to describe how they gained people's consent for their support, which included explaining things and encouraging people.

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 and their relatives told us that staff treated them with kindness. One person said, "They are very caring and just really nice people." Another person said, "They are very pleasant, and we always have a chat."
- Discussions with staff demonstrated they had good awareness of treating people equally and respecting people's diverse needs. This included people's religious and cultural needs .
- Staff spoke positively about their jobs and the people they supported. They understood people's needs, and how this impacted the support they gave. For example, how a person's faith may mean they have to carry out care in a particular way.

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

- People told us staff asked them how they would like to receive their care and support. One person said, "They always ask me if there is anything else they can do for me before they go."
- Care plans were developed with people and used to record their preferences and how their care and support should be delivered. One person said, "I have a folder, and we did the care plan that is in it together at the assessment I had."
- Staff involved people in their care and support. One staff said, "We have to ask them and give them choices."

Respecting and promoting people's privacy, dignity and independence

- People told us that staff respected their privacy and treated them with dignity and respect. One person said, "The staff are lovely they respect me and my dignity, this is very important to me."
- People were supported to maintain their independence and maintain dignity. One person said, "Yes they encourage me a lot. They stand with me [to support] and let me do little bits and pieces for myself."
- People's personal information and staff records were stored securely and were accessible only to authorised staff. Staff were aware of maintaining confidentiality, such as not talking about the people they cared for to their own friends and relatives.

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 told us that they received the care and support they needed. One person said, "They are very professional and efficient in what they do." A relative said, "They are all very friendly and I feel included in [family members] care as I am the main contact with legal power of attorney for care."
- People had care plans in place that gave staff information and guidance about the care and support they need. These were personalised and had sections for notes with key information on personal preferences people had around their care. Daily care records demonstrated that people had received care as detailed in their care plans.
- Staff reviewed and updated care records as people's needs changed. One person said, "I have seen them address things fairly quickly." A staff member said, "We have care plans that tell us all about them. We read and update them all the time as we find out more about people, or if their care changes."

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.

- The registered manager was aware of the AIS and we saw that support was provided to ensure people understood any communication. This included paperwork that was easy to read.
- People's care records identified their communication needs, providing guidance for staff on how to support people with different communication methods. One person said, "They are all very pleasant and can understand what they are saying."

Improving care quality in response to complaints or concerns

- People knew how to make a complaint and said they felt their concerns would be addressed by the provider. One person said, "We sorted out a few glitches, when they were coming too early or later, but they are on the path to getting that right."
- People were given information on how to make a complaint in a format they could understand. This detailed timescales in which they should receive a response, and external agencies they could contact if they were unhappy with the response from the registered manager.
- The registered manager logged complaints and ensured that these were fully investigated, and action taken to minimise the risk of them happening again. At the time of the inspection only one formal complaint had been received, which was under review.

End of life care and support

- No one was being supported at the end of their lives at the time of the inspection. Where required, people could be assured that their preferences for how they wanted to be treated at the end of their lives would be respected by staff.
- Care plans contained information on people's preferences, which included cultural and religious backgrounds, and how these may impact how support was given in the event of an emergency, such as staff finding someone in an unresponsive condition .

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

- At the time of inspection, the service was not supporting people with help to follow their interests or take part in activities with the wider community as this was not required as part of their care package .
- People were positive about how the service protected them from feeling isolated. One person said, "They sit down and have chats with me." Another person said, "Yes we sit and chat. It's nice to have a personal chat so we get to know what we all like and get to know each other."

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

- The registered manager had a clear vision for what she wanted the service to achieve. She said, "To give well deserved care, looking after our clients like family, have empathy and give good quality care." To enable the service to achieve this the registered manager had intentionally kept the service small. She said, "I want to have a quality service, not based on how big it is, but on how well it's done. We have stayed small and local, based in Caterham, to maintain quality, so we get it right, before getting any bigger."
- Staff told us they felt valued and enjoyed working for the service. One staff member said, "Yes I feel supported, always. For instance, if you phone in or running late, she [registered manager] goes herself, she supports us with that and other things as well."

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 law requires providers to follow a duty of candour. This means that following an unexpected or unintended incident that occurred in respect of a person, the registered person must provide an explanation and an apology to the person or their representative, both verbally and in writing. The provider understood when we were to be notified of events as required by regulation .

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager conducted spot checks and worked with care staff to check their competencies. The registered manager audited plans of care when visiting people who used the service or when notified of any changes to a person's care and condition.
- There was a system for checking staff arrived on time and stayed the allotted time to ensure the service remained reliable.
- There were policies and procedures in place to ensure staff understood what was expected of them when supporting people. Staff had access to these and they were knowledgeable about key policies, for example confidentiality, dignity and safeguarding people from abuse.
- To keep abreast of new ideas, and changes in the care sector the registered manager was signed up to several relevant services, such as the Social Care Institute for Excellence (SCIE), and National Institute for Health and Care Excellence (NICE). One outcome from this was they had already carried out a review on the possible impact Brexit may have on their service.

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

- The provider was committed to involving people who used the service by asking for their views in quality assurance surveys and managers regular visits. One person said, "Yes the office has asked my opinion about how things are going."
- Everyone we spoke with said they felt involved in what happened to them. People told us they were encouraged to speak freely and were confident to raise any concerns they may have had. One person said, "I feel respected by these staff, I'd soon tell them if I wasn't."
- Staff were kept up to date with any changes through staff meetings and supervisions. For example, a group supervision meeting had included a discussion about positive feedback that had been received and about how one complaint was a wake-up call for them to focus on what they are doing (even though no wrong doing had been found.) Staff were also asked for ideas on how to improve the service.

Working in partnership with others

- The registered manager worked with other health and social care providers as required. They shared information with health care agencies to ensure people's needs were met, for example where people may need more support than was originally assessed because of a deterioration in their condition.