

Harrogate Homecare Limited

Harrogate Homecare Limited

Inspection report

66 King Edwards Drive
Harrogate
North Yorkshire
HG1 4HN
Tel: 01423 560903
Website: www.harrogatehomecare.co.uk

Date of inspection visit: 23 June 2015
Date of publication: 05/08/2015

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 

Overall summary

We undertook an announced inspection of Harrogate Homecare Limited on 23 June 2015. We told the provider two days before our visit that we would be coming.

At our last inspection on 11 December 2013 the provider was meeting the regulations that were assessed.

Harrogate Homecare Limited provides up to 24 hour support to people who need help to remain at home. At the time of our visit 28 people were receiving a personal care service.

The service had a registered manager. 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.

We have made a recommendation in relation to following best practice guidance on the safe administration of medicines.

Summary of findings

During our visit the registered manager presented as knowledgeable and approachable and someone who provided clear leadership. This view was confirmed by people who used the service, relatives and the staff we spoke with. People told us that they were always treated with dignity and respect. They spoke highly of the care that was provided and were confident that any issues that they might raise would be acted upon.

We found that effective management systems were in place to safeguard people and to promote their welfare. People were supported by care workers who had the right mix of skills to make sure that practice was safe and they could respond to unforeseen events. People spoke positively about their care workers and said that they received a consistent, reliable service.

Care workers had received appropriate training including training in safeguarding adults and on the safe administration of medicines. Care workers were knowledgeable about their roles and responsibilities and had the skills, knowledge and experience required to support people safely. Appropriate communication systems were used to update managers and care workers about people's changing care needs. This ensured people continued to receive safe, effective care that met their needs.

Safe recruitment practice was followed, which minimised the risk of appointing someone unsuitable for the job. We found that people's care was designed to meet people's care needs in a responsive, personalised way.

There were examples of good partnership working that enhanced people's care and wellbeing. One example was the joint training with health care and social care staff, which enabled them to focus on human factors which may arise in dealing with crisis situations or in the provision of palliative care. The staff we spoke with who had completed this training confirmed it had provided them with an insight into their own practice and feedback had assisted them to develop strategies to deal with situations that might occur.

Individual staff also undertook lead roles in the service for dementia care, palliative care and quality assurance. These arrangements were being used to identify improvements and take action to drive continuous improvement and make sure people received good, consistent care.

People were supported to attend healthcare appointments and care workers liaised with other healthcare professionals as required to meet people's needs. People were supported to eat and drink according to their plan of care.

Care workers were aware of the requirements of the Mental Capacity Act 2005 and understood how they should this in their work to make sure that people's rights and freedoms were upheld.

Summary of findings

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.

Although we have recommended a medicine consent form is reviewed we found that the service had good systems in place to deal with people's medicines.

Risk assessments were in place to identify and minimise the risks posed to people using the service and to staff.

People were confident that any concerns they raised would be acted upon and staff had received training about safeguarding and knew about the local safeguarding protocols in place.

Safe recruitment practice was followed, which minimised the risk of appointing someone unsuitable for the job. People told us that they received a reliable, consistent service.

Good



Is the service effective?

The service was effective.

People's care needs were met effectively by care workers who were trained to ensure that they had the right skills and knowledge to provide safe care.

We found good examples of where staff had undertaken joint training with other health and social care professionals in the local area.

People were protected by the effective communication systems being used. All staff including managers and care workers were kept informed about people's changing care needs in a timely way.

Care workers were aware of the requirements of the Mental Capacity Act 2005. Additional training was planned to help make sure that all of the staff were kept up to date with the legislation and how this could influence their practice and uphold people's rights and freedoms.

People were supported to eat and drink according to their plan of care.

Care workers worked with other health and social care professionals such to support people's care needs.

Good



Is the service caring?

The service was caring.

People were positive about the care they received and said they were treated with dignity and respect.

People told us they knew the managers and the care staff well and good professional relationships existed between people who used the service and the agency staff.

Good



Is the service responsive?

The service was responsive.

People who used the service and their relatives felt managers and care workers were approachable and they were able to give feedback about the service.

Good



Summary of findings

People were confident that any issues they raised would be dealt with appropriately. People told us that their comments were listened to and acted upon.

Care plans detailed people's care and support needs. Care workers knew about people's support needs and provided a service that met their individual needs.

People were satisfied that any complaints they had raised had been dealt with to their satisfaction.

Is the service well-led?

The service was well led.

There was a registered manager who maintained a close daily involvement in the service. People who used the service, their relatives and staff all confirmed that the manager was open and approachable.

Effective management systems were in place to promote people's safety and wellbeing.

Good



Harrogate Homecare Limited

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.

The inspection of Harrogate Homecare Limited took place on 23 June 2015. 48 hours' notice of the inspection was given because the service is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be available to speak with us.

The inspection was carried out by one inspector. Before the inspection, the provider completed a 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 reviewed the information we held about the service, which

included notifications submitted by the provider. We contacted the local authority contracts and commissioning team, two community professionals and Healthwatch. This organisation represents the views of local people in how their health and social care services are provided.

During our visit to the agency we spoke with the registered manager, the quality assurance manager and with two deputy managers. We carried out a telephone interview with one care worker. We reviewed the records for two people who used the service and staff recruitment and training files for two members of staff. We checked management records held electronically such as the quality assurance systems, health and safety audits and training plans. We reviewed staff rotas and questionnaires. We also checked a sample of policies and procedures including the service's Statement of Purpose, the medicines policy and consent forms.

Following our visit to the agency office on 23 June 2015 we carried out telephone interviews with six people who used the service and with two relatives. We received written feedback from one healthcare professional.

Is the service safe?

Our findings

During our visit to the agency office we discussed the arrangements for the safe administration of medicines with the manager and senior staff. There was a medicines policy and staff said, and records confirmed, that they had received training on the safe administration and recording of medicines. People who received help with this aspect of their care told us they thought their medicines were supervised appropriately. We saw two documents titled 'Medication Consent form' and 'Dispensing Medications from a Medibox Disclaimer'. This first document listed the circumstances when the agency would not take responsibility for medicines they were administering. However, we identified this does not comply with the basic principles of the safe administration of medicines and we have asked the manager to review the use of this form.

People's feedback about the service was good. All of the people we spoke with said they felt safe with the care workers in their homes. Everyone told us they felt that care workers respected their homes and their property. One person said, "I am very satisfied with everything that they do for me." Another person said, "I have never had any cause to complain."

There was a safeguarding policy in place and records demonstrated that staff had received training in safeguarding vulnerable adults. Staff we spoke with confirmed they had undertaken training in safeguarding and they knew about the local safeguarding protocols that were in place. The provider told us in their PIR that two of the management team were planning to undertake additional training to be able to deliver in house Safeguarding training to the staff team. The staff we spoke with told us that they would report any concerns immediately to the manager. People said if they had any concerns for themselves or their relative they would speak with the manager or one of the office staff. Although no one had needed to they felt confident that action would be taken were they to do so.

The service had a recruitment policy, which provided a sound framework for the recruitment and selection of staff. We saw in staff records that a range of checks were carried out that included satisfactory written references and checks with the disclosure and barring service (DBS). This service helped the manager make safe recruitment decisions and prevent unsuitable people from working with

vulnerable people. All had completed an application form and had been interviewed. Before their employment we saw that the manager signed a 'suitability statement' that confirmed all the checks were completed and were satisfactory. New staff shadowed an experienced team member until both they and their managers thought they could work alone unsupervised. We saw in written feedback to the service one person said staff were, "All hand-picked because they (the staff) are so good at their job."

We spoke with one member of staff who had responsibility for organising the rotas. They were knowledgeable about people's care needs and they were able to take into account variables such as travelling times to minimise any delays. Managers told us that they also carried out visits and this helped them to identify any problems or emerging problems with the rotas. People we spoke with all confirmed that they were provided with a flexible service and they could request changes at any time. One person said, "Nothing is ever too much trouble." Another person said, "I dictate the hours that I want each week and they are always willing to supply additional hours whenever I need them."

Senior managers provided an on call system and were available in case of any queries or concerns. The manager told us that their contact details were affixed to the front of every care plan and they said that people could ring them at any time. People we spoke with confirmed this was the case and one person said the manager, "Works over and above the call of duty."

Appropriate arrangements were in place to make sure that people's homes were kept secure and their safety was not compromised. We found that people received a consistent and reliable service. All of the people that we spoke with said care staff usually arrived on time to meet their needs and that they had never experienced any missed calls. Staff confirmed that they were paid for their travelling time and for their mileage. The staff rotas showed us that sufficient travelling time was allowed between appointments and minimum visit times were set at half an hour so that staff did not have to hurry people.

The people we spoke with told us the care workers had enough time to complete all the required tasks and they did not feel the care tasks were rushed. Several people told us that care staff always asked before they left the house if there was anything else they wanted doing. One person

Is the service safe?

said, “They always ask if there is anything else I would like doing. It is lovely you know. They are all so helpful and would do anything for you.” Another person said, “I am very pleased with the service and the people who come are very nice.”

The agency worked with an external company who carried out audits to help the service conform to health and safety requirements. Accident analysis was completed annually and acted upon if required. No recommendations were made following the last audit that was completed in the past year. Risk assessments were used to identify potential risks to the person using the service and to the staff supporting them. Examples included moving and handling,

medication, fire, first aid and infection control. This included environmental risks and any risks due to the health and support needs of the person or to staff. For example, we heard that care workers travelled together and worked in pairs when they visited people who lived in the outlying villages. Staff also confirmed that they had enough equipment to do their job properly and said they always had sufficient gloves and aprons, which were used to reduce the risk of the spread of infection.

We recommend that the service consider current best practice guidance on the safe administration of medicines to people and take action to update their practice accordingly.

Is the service effective?

Our findings

People were satisfied with the care they received and several people told us they were in regular contact with staff in the office when they wanted to rearrange their hours. We saw that rotas were completed on a weekly basis which allowed an element of flexibility for people to alter their care package, including times, days, length of visits, number of visits, with just a few days' notice. We observed this in practice at the agency office when people contacted the office to change their schedules. People we spoke with told us that this flexibility was important to them and they valued this aspect of the service.

We saw in the PIR that the internal mail system and mobile phones were used as a method of communication with staff to ensure any changes, alterations, issues and/or concerns were communicated effectively. People we spoke with said that they or their relative received a copy of the week's schedule. One person said they only asked for a copy if their regular care workers were on leave and a different person was going to visit them. One person said, "I never mind ringing them; they all have such a helpful manner." Another person told us that their relative's care package was recently increased to 24 hour cover to allow them to take a holiday. They confirmed that it had worked very well and had gone very smoothly.

All of the people we spoke with were happy that the current care being delivered met their or their relative's care needs. The people we spoke with said that the care and support they, or their relative, received was good quality and that the care workers seemed well trained to meet their care needs. One person said, "They all seem to know what they are doing. I have had experience of other agencies but this is the best."

We saw evidence of mandatory training that staff had completed including moving and handling, hand hygiene, basic food safety, first aid and medicines. Staff had received training for end of life care, and a member of staff was currently being trained to act as a point of reference in palliative care for other members of staff. The provider told us in their PIR that they also wanted to extend their training on specialist dementia care. This showed us that the provider was taking account of best practice and looking at ways that they could improve their service. Regular supervisions were carried out although not every instance

was documented as some observations were carried out informally. They told us that a member of the management team often worked alongside employees to ensure high standards of care were being achieved.

In our discussions with them the managers confirmed that good communication was essential to ensure that they delivered good, consistent care. They used a range of methods to ensure that staff received appropriate feedback either informally in the office, using the internal mail system or during a formal discussion. People we spoke with confirmed that they knew the management team well and several people told us that they visited them. One person said the manager popped by most weeks to check that everything was alright. They said, "I am very happy with everything." Another person said, "If I don't care for anyone I just speak to (the manager) who changes them for me."

One of the deputy managers explained that there were resource implications involved in bringing staff together on a regular basis to meet. However, they said they used the internal mail system to keep staff up to date. Also, they explained that staff would call in to pick up their rotas and would use that as an opportunity to catch up with each other. They said, "It's a good team, a happy team."

All of the people we spoke with confirmed that they had access to managers and senior staff.

They confirmed that the manager was approachable and were confident that any concerns they raised would be addressed.

Staff were aware of and had received training in the Mental Capacity Act (MCA) 2005 to help make sure that all of the staff were kept up to date with the legislation and how this could influence their practice. People confirmed that care workers knew them, or their relatives, and their preferences well. All confirmed they were involved in devising and agreeing their own or their relative's care plan when they first started with the service. One person explained that a member of the office staff had visited first and that they had given them a brochure and spoken to them about the care they could offer. One person told us their care plan had been amended to reflect improvement in their condition which enabled them to be more independent.

Appropriate arrangements were in place to make sure that people were supported at mealtimes to access food and drink of their choice and that met their nutritional needs. The manager told us that meals varied from light snacks to

Is the service effective?

three course meals with silver service. Staff maintained a book for one person that listed the contents of their fridge and their freezer which the person used to decide on their food preferences for the day. They said that staff shopped for food which was then labelled so that a form of stock rotation could be maintained. Another person who had previously been a chef was able to instruct staff on their menu planning and food preparation. Several people we spoke with confirmed that their care workers assisted them with preparing meals. The manager explained that care workers could always contact the office for advice. They also said that staff can stay and socialise with people if needed. We saw on people's care records that where

concerns were raised about people's food and fluid intake the appropriate records were maintained. This enabled them to identify any changes or emerging changes with people's care needs.

The manager confirmed that they liaised with health and social care professionals as people's care needs changed. They felt that they had a good reputation and working relationship with the community nurses. This was confirmed in the feedback from the healthcare professional that we received. Care workers were available to support people to access healthcare appointments such as GP appointments, dentist, and opticians if needed. We saw that the rotas were designed to meet the needs of people and to make sure that care workers were available to support people to attend appointments.

Is the service caring?

Our findings

During our visit we saw numerous thank you cards from people who used the service and from their families. All of the people we spoke with were happy with the care that they or their relative received. They told us the care workers were polite, kind, caring, patient and compassionate. They told us that care workers treated them, or their relative, with respect and protected their dignity. One person said, "I am very happy." Another person said, "They (the care workers) are all respectful." People were also complimentary about the managers and staff in the office who dealt with their enquiries. Comments we received included, "Always pleasant when they answer the phone," and "Couldn't be more helpful, I just have to ask. Nothing is too much trouble."

Without exception people told us that they would recommend the service to other people and several people told us they had already done so. Comments included, "Very good, they are excellent girls," and "Really pleased with everything." One person said, "They (the care workers) that come to me are caring and kind. I have been with them for ten years and would certainly recommend the service to other people."

People said that care was delivered to meet their needs and individual preferences. One person said their care workers were, "All very helpful and will do anything for you." Another person said, "I usually have the same two carers. They are very organised and know what I like. It's a good service." People told us that their care workers always checked that they had everything they needed. One person said, "I don't have any problems. All of the staff who come are willing to get stuck in. We have a chat and they always ask if there is anything else they can help me with." Another person said, "They are all good; I am very pleased with them all." Other comments we saw in people's feedback on cards and in surveys included, "Quality and kindness," and "Thank you for the excellent help and understanding."

All of the staff we spoke with were enthusiastic about the care they provided and the manager described herself as being 'passionate' about her work. They said that they were continually looking at ways that they could improve the service and enhance the care experience for people. For example, staff attended simulation based training along with other health and social care professionals on palliative care and crisis management. We spoke with a member of

staff who said the training had given them an insight into how they might behave in an emergency, offered feedback on their performance and pointers where they could improve. They felt that staff from other agencies had also benefited and a more holistic view would result in better care and treatment for people.

The staff told us they also looked at small ways where they could improve people's experience. For example, staff showed us how they kept a record of significant events such as birthdays and said they used the internal mail to make sure people received a birthday card on the appropriate day. The manager told us that senior staff visited people to ensure that they were happy with the care they received. One member of staff said they always aimed to provide people with the best care. They said, "I just treat people the way I'd want my family treated."

We found when talking with staff that they discussed people who they cared for with respect and compassion. They told us that they kept the rotas under constant review to ensure that they gave each person sufficient time to avoid rushing. One person said, "They always spend time with me and will come in extra if I ask them." Another person said, "I just say what I want doing and it's usually done to my satisfaction."

Good professional relationships appeared to be in place between people who used the service and the staff team. Several people we spoke with referred to the length of time they had known individual staff members and it was evident that they greatly valued their support. One person said the manager was, "More of a friend really, I see her most weeks and she makes sure everything is alright for me."

Everyone we spoke with confirmed that they were asked about their needs and staff confirmed that they discussed ways that they could promote people's independence and interests. The provider told us in their PIR that they provided a service to support people on trips and activities of their choice. People could also take a family member or friend with them if they wished. Several people we spoke with mentioned outings that they had enjoyed and we saw evidence of this in one person's care file. The manager told us that they also provided people with an element of companionship as well as care during their visits. To this end they tried wherever possible to match people with staff

Is the service caring?

who shared similar likes and interests such as an interest in the countryside, walking and dog lovers. This showed us that people benefited from a personalised service that enhanced their quality of life.

Is the service responsive?

Our findings

People we spoke with told us that they were satisfied with the service that they received. We received feedback from a community professional who stated, “I have found them to be extremely accommodating to individual needs. When contacting the Harrogate Homecare office, they have always been very helpful in trying to assist. They are able to tailor care packages to specific requirements depending on the needs of the individual. I have known of the company for a number of years now and would have no hesitation in recommending them again.”

People who used the service and their relatives confirmed that they were involved in planning their care. Client agreements were signed by the person or a representative if appropriate and staff were provided with a copy of the person’s initial assessment so that they knew about the person’s care needs before they visited. The manager explained that the person’s history and knowledge of their interests assisted them to provide good quality, personalised care. They described one person who loved their garden and staff helped to maintain it for them as part of their plan of care. One relative said, “I certainly would recommend this service. They will do anything to help.” Another person said, “I say what I want; they listen to me and make all the changes I need.”

When we spoke with the manager they felt that staff continuity was important. Everyone received a weekly schedule which identified which care worker was due to attend at what time. This allowed a degree of flexibility each week that people told us they valued. As people had regular care workers they were able to build relationships, allowing carers to recognise when things are out of the ordinary. Staff told us that they kept people’s care needs under constant review so that changing needs could be identified and appropriate amendments made. The care

plans we checked all contained evidence of people’s care needs being discussed and reviewed. They contained information about people’s likes, dislikes, interests and hobbies.

The manager told us that they also encouraged people to provide feedback on the service by completing an annual survey. We saw positive responses were made to the last annual survey undertaken in 2014. There had been a 79% response rate to the last survey. 98% of people said that staff met their needs, and that the service met their requirements (the other 2% was due to unanswered questions). People confirmed that they thought staff had the appropriate skills and competence to look after them and they were treated with dignity and respect. We saw that the survey responses were analysed and action taken in response to any comments. The manager also sent people who had received a short term service a questionnaire so that their responses could also be taken account of and action taken. In their response one person said the service was, “Excellent and professional”. They confirmed that they would have no hesitation in using the service again if they needed to.

The provider told us in their PIR that they had not received any formal complaints. They said when a person who used the service or a staff member raised an issue these were resolved during discussion with a member of the management team. In their written feedback to the service one person said, “I cannot speak highly of the office staff” and, “I would not hesitate to call on the service again if needed.”

Everyone we spoke with knew who to contact if they were worried or upset. People referred to the manager and to office staff by name and everyone we spoke with was confident that any concerns they raised would be acted upon. People told us that office staff were helpful and tried to resolve any issues quickly. One person told us that they had raised an issue with the manager and it was dealt with very well and to their satisfaction.

Is the service well-led?

Our findings

There was a small, open management team that welcomed feedback from staff, people who used the service and people acting on their behalf. The Director of Harrogate Homecare (the owner) was also the registered manager of the agency and they provided daily oversight.

Everyone we consulted spoke positively about the manager and said that they were approachable and supportive of them. One staff member said, “You could not get a better person. (Name) cares about everybody.” People we spoke with said they would have no hesitation in raising any issues with the manager and were confident that their comments would be acted upon. One person said “(Managers) are always polite and friendly.” A relative said “I’ve got confidence in the office staff. They do try and sort things out for you.”

We found that the manager had put appropriate management systems in place to monitor the quality of the service people received. They were gathering feedback from people who used the service and others acting on their behalf and were undertaking regular visits to make sure that people’s care plans remained relevant and up to date. We found that the service had a positive culture that was person centred.

Individual staff members had lead roles in health and safety, quality assurance, dementia and palliative care. These arrangements were being used to develop individual staff knowledge which could then be cascaded to other staff and improve the service people received overall. The quality assurance manager had analysed the information from surveys and they were using this to ensure action was taken to protect people who used the service from risks associated with unsafe, care treatment and support.

Staff were encouraged to undertake a range of training to support their development needs. One example given was multi agency training, which enabled staff to reflect on their practice and consider ways they might deal with urgent situations. The quality assurance manager had effective systems in place to ensure that people undertook the relevant training as required. Managers and staff all completed the same training and staff were expected to complete an evaluation form so that they could keep the

training being used under review. We saw in the PIR that additional training courses were planned along with a review of all policies and procedures. This showed us that arrangements were in place for continuous improvement.

The manager also informed us of further developments and plans to work towards ISO:9001 accreditation. This was a certified quality management system for organisations who want to be able to consistently provide services that meet the needs of the people who use their services and other stakeholders. The quality assurance manager also showed us the system they were using to map evidence of their work against the fundamental standards, which are the new care regulations in operation under the Care Act 2014. They said that they had also recently amended their annual survey to capture information in this way. They hoped this would enable them to identify areas that they were meeting whilst also being able to take action where needed. This showed us that the provider was continually looking at ways that they could improve their service.

All of the people we spoke with told us they thought that any issues they raised with the care workers, the manager or the office staff would be taken seriously and dealt with effectively. One person who told us they had raised an issue told us that they had received a swift and effective response. Staff told us that a member of the management team was on call and always available to respond to any queries or advice. The quality assurance manager told us that they provided ‘on call’ cover for a full week and the weekly Monday management meetings were used as the ‘on call’ handover. This meant that essential information about people who used the service and any changing or emerging needs was communicated between the management team in a timely way.

During our visit we saw evidence of quality audits and monitoring such as health and safety checks. An annual survey was undertaken to gain people’s views. In addition to this team leaders said they also spoke to people when they attended care visits and during spot checks. People knew managers well and said that they contacted them to discuss their care needs and to check that they remained happy with the care they received. Several people told us about the flexibility of the service and described how their care plan was altered to meet a change in care needs or to respond to individual circumstances to enable people to go on holiday or to attend medical appointments.