

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 people living in their own homes or flats. The domiciliary care agency is registered to provide a service to people over and under the age of 65 years old, some of whom are living with dementia.

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. At the time of the inspection, 18 people were using the service.

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

People were involved and given choice about their day-to-day care and support. Staff treated people with dignity and respect. People received care that met their individual needs and preferences. People's care plans were reviewed and updated regularly to reflect their current needs. Staff had received training in equality and diversity. Care plans indicated people's religious, cultural beliefs and other protected characteristics.

People's care was personalised. People were able to make choices about how they received their care and the provider responded flexibly to meet people's care and support preferences. Staff arrived at the agreed time and people had not experienced any missed care visits. 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.

People using the service, their relatives and staff felt able to speak with the registered manager and give feedback about their experiences. Staff told us they were well supported by the registered manager and received appropriate training and supervision. Systems to monitor the quality and safety of the service were in place.

A process was in place which supported the recruitment of suitable staff. Staff were supported to complete an induction process which prepared them for their role. The registered manager completed checks of staff knowledge and skill to ensure they delivered safe care.

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

Rating at last inspection

The last rating for this service was good (published 3 January 2020).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Harty Homecare Services Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection was conducted 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

In line with our new approach, we gave short period notice of this inspection and explained what was involved under the new methodology.

What we did before the inspection

We looked at all the information we held about the provider, which included information they provided us with when they were registered. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation. Inspection activity started on 28 October 2022 and ended on 9 November 2022.

We spoke with six people and four relatives. We also spoke with the registered manager and five members of staff. We reviewed a range of records. This included five people's care plans and risk assessments and two staff files in relation to recruitment and staff supervision. We also looked at a variety of records relating to the management of the service, including policies and procedures.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to protect people from the risk of abuse or avoidable harm. These systems enabled people to receive care that protected their rights and minimised the risk of harm.
- There were safeguarding policies and procedures in place to help keep people safe. Staff had received adult and children safeguarding training and were aware of their responsibilities to report and respond to concerns. One staff member told us, "The signs of abuse could be withdrawal, bruises or scared of others."
- People told us that they felt safe receiving care from Harty Homecare Services Ltd. One person told us, "Very safe, they are very, very kind."
- Where safeguarding concerns had been identified, the provider worked with local safeguarding teams to fully investigate any concerns raised.

Assessing risk, safety monitoring and management

- Risks to people and staff were identified and well managed. People's care plans included clear information on their individual risks and the steps required to manage and mitigate those risks.
- Risk assessments covered areas relating to mobility, falls, catheter care, self-neglect and malnutrition. Staff were knowledgeable on the steps required to keep people safe. One staff member told us, "We always check the environment to ensure there are no obstacles which could be a trip hazard. We always make sure people have whatever they need in reach, alongside drinks to hand."
- Staff managed the safety of the living environment and equipment through regular checks to minimise risk. Environmental risk assessments considered risks regarding access to the property alongside fire safety risk, such as whether fire alarms were fitted in the property.
- Staff recognised the importance of leaving a person's home safe and secure following a care call. One staff member told us, "I always make sure the back door is locked, the key is back in the key safe and that the person is aware that I am leaving the property."

Staffing and recruitment

- Safe recruitment practices were in place to ensure people were supported by suitable individuals. The provider carried out recruitment checks on care staff to ensure they were suitable to work in people's homes. This included Disclosure and Barring Service (DBS) and identity checks along with references to confirm they were of good character. The DBS carry out a criminal record and barring check on individuals who intend to work with children and adults, to help employers make safer recruitment decisions.
- People were supported by enough staff to meet their needs. Care calls were planned a week in advance. One staff member told us, "We allocated the care calls based on where people and staff live. For example, we try and allocate care calls to staff who live nearby to minimise travel time and ensuring that they have

enough time to get from one care call to the next."

- Staff told us there were enough staff members to provide the care visits required and they visited the same people on a regular basis and got to know them well. One person told us, "I get the same staff member throughout the week, and they are excellent."
- The registered manager was able to monitor call times via the electronic system which generated an alert highlighting if a staff member had not logged into a care call, allowing for swift follow up action.
- People confirmed that staff arrived on time and stayed the allocated time. The registered manager conducted regular checks to ensure staff stayed the allocated time. Where staff did not always stay the full length of a care call, action was implemented to address this and the reasons why were explored.

Using medicines safely

- People received their medicines when they were needed and in ways that suited them. There were systems in place to ensure this was done safely.
- People had their medicines administered by staff who had completed safe management of medicines training and had their competencies checked regularly. Staff understood how to administer medicines safely. One staff member told us, "We get training every year. I always check the date of the medicine and all instructions on the medicine and medication administration record (MAR). I check that it's not out of date and sign the MAR chart as soon as its administered."
- Care plans included clear information on the medicines people were prescribed, where medicines were stored and any potential side effects that staff needed to be aware of. Where required staff collected people's medicine from the local pharmacy to ensure people received their medicines on time.

Preventing and controlling infection

- The service had systems in place to make sure that infection was controlled and prevented as far as possible. Policies and procedures included information on COVID-19 and links to relevant best practice guidance.
- Staff had undertaken training and were fully aware of their responsibilities to take appropriate measures to protect people from the spread of infection.
- Staff had access to personal protective equipment, for example, masks, gloves and aprons. This helped to minimise the risk of infections spreading.
- People and relatives spoke highly of how staff members managed infection control. One person told us, "They wear masks, aprons and gloves. They wash their hands when they take their gloves off."

Learning lessons when things go wrong

- The service had a system in place to monitor incidents and understood how to use them as learning opportunities to try and prevent future occurrences.
- The registered manager provided examples of where they had learned lessons from past experiences and safeguarding concerns.

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.

At our last inspection we rated this key question Good. At this inspection the rating has remained 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

- Needs assessments were undertaken in line with national good practice guidance. Prior to people receiving a service the registered manager met with the person and their relatives to assess their needs and identify the level of support they required.
- People's diverse needs were assessed and supported. Assessments included people's needs relating to any protected characteristics in line with the Equality Act. This included age, gender, disability, sexual orientation and race.
- Information relating to people's health and medical needs, routines, likes, dislikes and preferences was obtained during the assessment process and used when writing the care plan. Care plans covered topics including oral hygiene, personal care and nutrition.

Staff support: induction, training, skills and experience

- Staff received good support and training to ensure they understood best practice.
- Staff received a detailed induction when they started work which included completing the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme
- People and relatives spoke highly of staff members and felt that staff were competent and skilled. One person told us, "They are properly trained." One relative told us, "I genuinely believe the company wouldn't send me someone who isn't trained. They have been very good so far."
- Staff had received training on safeguarding, moving and handling, first aid, infection control and other key topics. Staff spoke highly of the training provided. One staff member told us, "Training is very good. I have received medicine and safeguarding training. Any training we can ask for."
- Staff were regularly supervised, and their practice reviewed through 'spot checks' where their interactions with the person were observed by the registered manager.
- Staff told us that they felt supported and valued within their role. One staff member told us, "I have regular supervision and feel supported. I know I can approach the manager and she will listen."

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

- People's needs in relation to nutrition and hydration were recorded during their initial assessments and detailed in their care plans.
- People who received support with meals told us they were happy with this aspect of their care. One relative told us, "They make sure the fridge is stocked up every week. They provide a choice. If my loved one wants egg on toast, they do that or a ready meal from the freezer."

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

- People's care plans provided information as to their health care needs, which included any current health care support required.
- Staff and the registered manager worked in partnership with healthcare professionals to enable people to safely remain living at home. For example, the registered manager had recently increased a person's package of care to support them with their recovery following surgery.
- Staff worked in partnership with healthcare professionals such as GPs, social workers, physiotherapists and district nurses to help promote positive outcomes for people. For example, staff were reporting that it was becoming difficult supporting one person to get out of bed. The registered manager liaised with the occupational therapist (OT), and a specialist piece of equipment was provided to help staff with supporting the person and improving their quality of life.
- Staff recognised and acted promptly when people's health deteriorated. For example, staff regularly contacted 999 or the person's GP to ensure appropriate medical attention was sought. One staff member told us, "Any concerns, we contact the manager and 999."
- During the hot weather over the summer, the registered manager and staff provided people with cold box packs. These included flannels and ice. Staff ensured that people had access to these packs during heatwaves as a way to keep cool.

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 MCA 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.

- Staff had received training in the MCA and had a good knowledge of this. Staff recognised the importance of offering choices and involving people in decisions about their care and respected decisions made. One staff member told us, "I always gain consent and respect their decisions."
- People told us they were encouraged to make decisions for themselves and felt involved in making choices wherever possible. One person told us, "They always make sure I am happy with what they are doing."
- People had signed their care records to show that they consented to the care and support they were being provided with.

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.

At our last inspection we rated this key question Good. At this inspection the rating has remained 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

- Staff treated people with kindness and respect. People and relatives told us that staff were caring. One person told us, "They are ever so kind." Another person told us, "They are very good, very nice, very caring, good carers, that's what you need, someone to care. I'm very happy, they are very good."
- Staff understood and promoted equality and diversity amongst people. Care plans indicated people's protected characteristics such as religion, culture, gender, sexuality, disability and race were covered as part of their need's assessment. Where the person made a preference for staff based on gender or culture to meet their needs, this was accommodated.
- Staff understood and respected people's preferences. Staff had also received training on equality and diversity. One staff member told us, "I always respect everyone no matter what."

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

- People told us that they and their loved one were fully involved in decisions about the care provided. They explained that the registered manager regularly sought their feedback and checked that they were happy with the care delivered.
- Staff understood the importance of supporting people to make day to day decisions about their care. This included decisions around what to wear and how they wished to be supported.

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff that promoted their independence and treated them with dignity. Relatives also confirmed that their loved one's dignity and privacy was always respected.
- Staff told us how they promoted people's dignity by ensuring curtains and doors in the property were closed when providing personal care. One staff member told us, "If supporting someone with personal care in bed, I always ensure their top or bottom half is covered whilst supporting them to preserve their dignity."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained 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 received person-centred care which met their individual needs and preferences. Staff were knowledgeable about people's likes and dislikes, and preferred routines. Staff were able to tell us about people's interests, hobbies and how they preferred to be supported.
- Staff understood the importance of person-centred care. One staff member told us, "I make sure I care for the person in the way they want me to." Another staff member told us, "Person centred care is about the care you give to them, how it's designed for them."
- Care plans were personalised and included clear information on the person's life history, what they wanted to achieve from receiving care and what was important to them. The registered manager and staff recognised that even the littlest of detail was important to ensure people received person-centred care. For example, care plans included clear information on how people liked their tea made alongside whether they liked their breakfast warm or cold.
- People's care plans contained information and guidance for staff to be able to deliver the care and support people needed. Records demonstrated that care plans and packages of care were reviewed on a regular basis.
- Staff recognised the importance of companionship and taking the time to talk to people during the care call. One staff member told us, "I always talk to the person, get to know them and understand more about them."
- Where required, staff supported people to access the local community. The registered manager explained how staff supported some people to go shopping or access local community centres.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's individual communication needs had been assessed and recorded. Staff were provided with guidance on how to promote effective communication. For example, guidance was available on whether people required glasses or hearing aids.
- Staff were knowledgeable about people's communication support needs and people were given information in accessible ways. One staff member told us, "Care plans include clear information on communication and where people struggle with hearing, I always speak slowly and at their level, so they can lip read as well."

Improving care quality in response to complaints or concerns

- Policies and processes were in place to support the service to respond to complaints which promoted openness, transparency, learning and improvements.
- Feedback we obtained indicated that the registered manager was approachable, and people felt able to raise concerns. Staff told us they wouldn't hesitate to raise concerns with the registered manager and were confident that they would be listened to.
- People and their relatives told us that they would not hesitate in raising any concerns. One person told us, "Any worries I contact the manager."

End of life care and support

- At the time of our inspection, end of life care and support was not being provided. However, care plans considered people's wishes regarding end-of-life care.

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.

At our last inspection we rated this key question Good. At this inspection the rating has remained 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

- There was a positive culture at the service. Staff spoke highly of the registered manager and felt supported within their role. One staff member told us, "The manager is very approachable and very good."
- People and their relatives praised the service. One relative told us, "I have been very, very happy with them. You hear in the media about care, we have been so, so incredibly lucky. We have a good package in place, and we are so happy with it." Another person told us, "At the moment I'm very pleased with all of it. They are very, very good. They do more than I ask for. I'm happy with them."
- Staff had good knowledge and understanding of the people they were supporting. Staff demonstrated that they were knowledgeable and had a positive manner and outlook towards the support and work they completed. One staff member told us, "I enjoy the role and enjoy helping people."
- The registered manager promoted a person-centred approach to care and shared this passion with staff. The registered manager told us, "Our aim is to provide good quality of care and that we get it right."
- Staff were aware of the values and vision of the service, and expectations of the registered manager which were discussed during staff meetings and supervisions.

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

- The registered manager was suitably qualified and experienced. They were familiar with the service and the different needs of people and staff.
- The provider and registered manager understood their responsibilities under duty of candour and there were suitable procedures in place.
- The registered manager had responded appropriately when things went wrong, being open and honest with those affected.
- Quality assurance checks had been completed. These included regular care plan reviews, spot checks and telephone quality monitoring checks with people and their relatives. The provider also employed a consultant who regularly reviewed the quality and provision of care provided.

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

- The registered manager actively engaged relatives, people and staff in the running of the service. Feedback was regularly sought on how people and their relatives found the delivery of care and if any

improvements could be made. Staff meetings were held on a regular basis and staff told us that the registered manager was approachable and welcomed their ideas.

- Satisfaction surveys were used to gain feedback and improve service delivery.
- Staff's views and opinions were valued and recognised. In response to the cost-of-living crisis, the provider had recently increased the amount of pay staff received for their mileage.
- People's and staff diverse needs were met. Care plans included information about people's diverse needs and how these could be met. The registered manager and office team were knowledgeable about staff's diverse needs and where staff required time to pray or attend church this was factored into the rostering of care calls.

Continuous learning and improving care: Working in partnership with others

- The service worked closely with other health and social care professionals to ensure people received consistent and timely care.
- Staff also worked in partnership with other professionals and healthcare agencies to ensure people received safe care and care that promoted their quality of life. For example, the registered manager and staff worked in partnership with the local telecare company. Where people who received care from Harty Homecare Services Ltd pressed their telecare alarm (emergency pendant), the registered manager and staff would often check on the person to avoid an ambulance being called.
- Links with the local community had been established. The service supported a community centre and staff regularly supported people to attend the community centre. The registered manager told us that the centre was unfortunately at risk of closing so they were doing what they could to support the centre.