

Harvlightcare Services Limited

Harvlightcare Services Limited

Inspection report

Waterside House
Station Road, Irthlingborough
Wellingborough
NN9 5QF

Tel: 01933654244

Date of inspection visit:
07 October 2021
11 October 2021
13 October 2021

Date of publication:
17 November 2021

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Harlightcare Services is a domiciliary care agency, providing personal care to people in their own homes. At the time of inspection, nine people were using the service.

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.

Details of how to reduce risks to people's safety were not always included in people's care plans. Care plans did not reflect people's individual needs and preferences.

Safe recruitment practices were not fully robust to ensure that only suitable staff worked at the service.

Enough staff were employed to meet people's needs, although calls providing personal care had not always been timely.

Quality assurance systems were not in place to ensure that risk assessments to promote people's safety were in place, calls were timely or that staff recruitment systems were robust.

The majority of people and relatives said safe care was provided with protection against abuse, neglect and discrimination. Where this had not happened, the registered manager acted and reported the issue to the safeguarding authority.

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.

Everyone, except one person and one relative, told us they were treated with respect and dignity and staff had a caring and friendly approach to them. They said they had good relationships with staff. Staff respected people's privacy and encouraged them to maintain their independence and do as much for themselves as they wanted to.

People were supported to have choice and control of their lives.

The registered manager understood their responsibilities and worked in an open and transparent way. People were aware of how to approach the registered manager to raise concerns or complaints. They said the registered manager always listened to any concerns and acted on them.

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

Why we inspected

This service was registered with us in May 2019 and this is the first inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 not always well led.

Details are in our well led findings below.

Requires Improvement ●

Harvlightcare Services Limited

Detailed findings

Background to this 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

This 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 homes.

The service had a manager registered with the Care Quality Commission. This means that they 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 seven days' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection. We also gave time for the registered manager to send us inspection information, so we did not have to spend an extended amount of time in the office of the service.

Inspection activity started on 7 October 2021 and ended on 13 October 2021. We visited the office location on 11 October 2021.

What we did before the inspection

We reviewed information we had received about the service and we sought feedback from the local authority. The provider sent us a 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 took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection we spoke with three people who used the service and three relatives about the experience of the care provided. We spoke with two care staff members and the registered manager. We reviewed a range of records. This included two people's care records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found, which was sent to us. This included revised quality assurance procedures and amendments to procedures.

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 service. This key question has been rated Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- The provider did not always follow safe recruitment practices. Relevant references had not been obtained for two staff at the time they commenced work. This meant checks were not thoroughly carried out to make sure staff were suitable and had the right character and experience for their roles. We found no evidence that people had been harmed. However, systems were either not in place or robust enough to demonstrate recruitment was effectively managed. The registered manager took action to rectify this after the inspection visit.
- Pre-employment criminal checks had been carried out for prospective staff.
- Assessments and care plans identified the number of staff required to delivery care safely.
- Sufficient staffing was in place. However, some people did have set call times and some people and relatives told us that at times calls were untimely, and the agency did not always contact them to say they were going to be late which they found frustrating. The registered manager said they would follow this issue up with staff and carry out close monitoring to improve call times and communication with people. There were no missed calls reported.

Assessing risk, safety monitoring and management

- Risks associated with people's care had been assessed.
- However, risk assessments were not always detailed risk assessments were not detailed enough to give staff information on how to reduce risk. For example, on how to assist a person to move, and how to provide specific areas of care. The registered manager stated that the risk assessments would be reviewed, and detail added to ensure staff fully knew how to keep people safe.
- We did not find any impact on people. However, there was a risk of relevant care not being provided to people without detailed risk assessments in place to assist staff to provide safe care.

Preventing and controlling infection

- People and relatives told us staff always wore personal protective equipment (PPE) during the COVID-19 pandemic.
- Staff had received training in infection control, including COVID-19 and donning and doffing of PPE. They told us there was always enough PPE available to provide protection from infection for people.

Systems and processes to safeguard people from the risk of abuse

- People and relatives said they felt safe when receiving support from staff, except for one instance where the registered manager reported the issue to the safeguarding authority.

- The provider had systems to safeguard people from abuse and the procedure to safeguard people was in place. This meant people could be provided with appropriate protection.
- Staff had received training and knew how to recognise abuse and protect people from the risk of abuse. They understood how to report any concerns to a relevant agency if they had a situation where they needed to follow safeguarding or whistleblowing procedures.

Using medicines safely

- People and relatives told us that prescribed medicine had been supplied safely.
- Medicine currently supplied to people had medicine administration records in place.
- Staff were trained in medicine administration and told us they felt confident supporting people with medicines when they needed to. They were aware of the safe procedure to administer medicine. Staff said their competency in relation to medication had been assessed by the registered manager before they were able to supply medicine to people.

Learning lessons when things go wrong

- Processes were in place for the reporting and follow up of any accidents or incidents.
- A staff meeting to discuss care and training issues had taken place, though meetings had been suspended during the COVID 19 pandemic. The registered manager said this would be restarting in the near future. This would mean there was again a forum to discuss improvements to the service.

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 said they had their needs assessed before care was provided. This ensured there were sufficiently trained staff to provide the care and support needed.
- People and relatives said that before care was provided, the registered manager came out and discussed care needs with them. They were satisfied the care plans included all necessary information to provide effective care.

Staff support: induction, training, skills and experience

- The majority of people said staff provided good personal care to them.
- Staff files showed staff had received induction and training.
- Staff had been trained in important areas such as infection control, medicine and health and safety. They said they felt confident to meet people's needs.
- Staff had not been trained in some issues such as people's health conditions and end of life care. The registered manager said this training would be provided to staff.

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

- A person said they were provided with meals and drinks that met their needs.
- A relative said staff had provided food and drink to her family member and, as far as they knew, there had been no issues with this.

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

- People's assessment and care plans covered health care needs. A care plan documented a health care professional's involvement in a person's care.
- Staff told us they would contact relevant professionals or relatives if people in their care needed health or social care support. This had not been the case so far.
- There was an information in people's care plans, should a person need to be transferred to hospital so that hospital staff were aware of people's health needs.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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.

- Staff understood the principles of the MCA and supporting people to make choices.
- Mental capacity assessments had been completed. People were able to decide their day-to-day choices. No best interest decisions were currently needed.

- People and relatives confirmed staff always asked for consent before providing care to them. The registered manager followed up this issue.

- People had signed consent to care they were 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.

This is the first inspection for this 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 received support from staff who were friendly and caring. A person said: "Staff could not be friendlier. We have a chat and a laugh together."
- Staff had a good knowledge of the people being supported. They were positive about providing quality care to meet people's needs.
- People said staff respected the way they wanted to live their lives.
- The registered manager gave a positive example of how steps were taken to respect the religious wishes of a person.

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

- People and relatives said that they had been involved in the planning of their care. This was reflected by people's written agreement in their care plans.
- Staff were aware of how people liked to receive their care. For example, people were supplied with choices of what they wanted to eat and what clothes they wanted to wear.

Respecting and promoting people's privacy, dignity and independence

- People said staff promoted their privacy and promoted dignity when providing care to them. Staff gave good examples of protecting people's privacy.
- People said staff respected their independence and did not take over and do things for them that they could do for themselves. One person said, "I am able to wash and dry myself where I am able." Staff said they always encouraged people to be independent and would help when needed.
- Staff were aware of keeping information safe and confidential.

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 said staff respected their wishes and how they wanted their care to be provided.
- Care plans did not detail people's preferences. The registered manager said this information would be added to the care plan so that staff were fully aware of what people's preferences were.
- A person said, "Staff are always asking me what I want and they follow my wishes."

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.

- No one said they needed this assistance at the moment. The registered manager said she would include a section on any needed aids in the communication section of the care plan.
- The registered manager was aware of the need to respect people's preferred communication styles. There was information about people's communication in people's care plans to ensure staff had information to make communication easier.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure were in place so complaints could be recorded and dealt with formally, though the procedure was not completely accurate. For example it stated that the Care Quality Commission can investigate complaints, which is not part of our regulatory function. The registered manager then amended this procedure.
- We saw only one complaint had been made and this had been dealt with to the satisfaction of the person involved.
- People and relatives told us that if they had had any queries, they would have no hesitation about discussing this with the registered manager. However, one person said the registered manager still had not yet entirely dealt with untimely call times. The registered manager said this would be closely monitored to ensure calls were timely.

End of life care and support

- No end of life care was being delivered by the service at the time of inspection. The registered manager was aware of what was required should someone require this support. They were amending this section in the care plans to include more detailed personalised information.
- People and relatives said this information would be supplied when they were ready to do so.

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 requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- Audits had not been thoroughly carried out to check that the service met people's needs. Issues identified in the report, such as care calls not on time, staff recruitment not being thorough, staff training being incomplete to meet people's needs and risk assessments to keep people safe not being detailed to reduce the risk to people's safety, had not been identified in audits. The registered manager said these issues would be followed up and systems put in place to ensure any issues were identified and followed up.
- People and relatives, except one person and their relatives, told us that staff provided care that met their needs.
- Spot checks on staff took place to monitor whether staff were providing appropriate care and a positive approach to people. Staff said they had regular checks and said they were provided with good support from the registered manager.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and staff had a good knowledge and understanding of people they supported and knew them well.
- Staff told us they were happy working at the service. One staff member said, "This is a good service. The manager is very helpful and available when I need an answer to a problem."

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 registered manager understood information sharing requirements, and knew that when concerns had been identified, appropriate notifications should be sent to the CQC as required by law, and to the local authority. They were aware of the duty of candour, that if mistakes were made, they had a duty to be open and honest, issue an apology and take any necessary action.

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

- The registered manager understood their role and understood the needs of their staff team. Staff were very positive about carrying out their work.
- Staff understood their responsibilities, and who to report to if they had concerns and needed help.

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

- Feedback was sought from people and relatives as questionnaires were provided. This gave people the opportunity to suggest any changes or improvements.
- A staff meeting had been held to discuss the service and this forum was to be restarted. Issues discussed had included prevention of infection and the timing of care calls.

Working in partnership with others

- The registered manager was aware of the need to work with health professionals to ensure people's needs were met.
- Staff understood they needed to inform the manager and people's families if people were ill or had an accident.
- The registered manager was receptive to feedback when we discussed the inspection findings.