Raising Care Ltd

Harlesden

Inspection report

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30 November 2021

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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
Harlesden is a domiciliary care service which provides personal care and support to people in their own homes. At the time of the inspection there were two people using the service. 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 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 told us they were protected from the risk of harm and abuse. There were effective systems and processes in place to minimise risks. Care workers had been recruited safely and they knew how to identify and report concerns.

People received person centred care. Their assessments showed they had been involved in the assessment process. Their care files contained meaningful information that identified their abilities and the support required. They told us they were happy with the care they received.

Care workers were knowledgeable about people's needs. They had completed essential training and we saw from records they were up to date with it. They could describe to us how people liked to be supported.

People were protected from the risks associated with poor infection control because the service had processes in place to reduce the risk of infection and cross contamination.

There were governance structures and systems which were regularly reviewed. There was a complaints procedure in place, which people's relatives were aware of.

Quality assurance processes such as audits and spot checks were in place. However, the service is aware quality assurance processes needed to be fully developed to ensure the registered manager has proper oversight of the quality and safety of the care when the service expands. We found the registered manager to be knowledgeable about issues and priorities relating to the quality and future of the service.

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 18/08/2020 and this is the first inspection.

Why we inspected

This was a planned inspection based on our inspection scheduling.

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?

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 safe findings below.

Is the service caring?

Good

The service was caring.

Details are in our safe findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our safe findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Harlesden

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

Inspection team
The inspection team consisted of 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 he 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 we needed to be sure that the provider or registered manager would be in the office to support the inspection. We visited the office location on 30 November 2021.

What we did before the inspection
Prior to the inspection we reviewed information and evidence we already held about this service, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the service. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. This information helps support our inspections.

During the inspection
We spoke with two relatives of two people who used the service to help us understand the experience of people who could not speak with us. We spoke with the registered manager and four care workers. We reviewed two care records of people using the service, two personnel files of care workers and other records about the management of the service.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We received information relating to the provider's governance systems and some care records. This information was used as part of our inspection.

Good

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 were protected from the risk of harm and abuse. There were policies covering safeguarding adults, which were accessible to all staff. They outlined clearly who to go to for further guidance.
• Care workers had received up-to-date safeguarding training appropriate to their role. They were aware they could notify the local authority, the Care Quality Commission and the police when needed.
• People's relatives told us people were safe in the presence of care workers. One relative told us, "My loved one is well cared for. I feel they are in safe hands because staff have been trained and seem to know what they are doing."

Assessing risk, safety monitoring and management
• Systems were in place to assess, monitor and manage risks to people's safety. People's care files contained risk assessments, and, in all examples, the assessments provided information about how to prevent or minimise risks.
• A care plan of one person identified complications of diabetes and how to prevent them. Another care plan identified a person to be at greater risk of falling and their risk assessment detailed steps to reduce risk. The same approach was repeated for all people receiving care.

Staffing and recruitment
• There were sufficient care workers deployed to keep people safe. Due to the small size of the service, scheduling and monitoring of shifts and absences were carried out manually. People and their relatives told us care workers were always on time and stayed for the allotted time.
• Appropriate recruitment checks had been carried out for all care workers. Their personnel records showed pre-employment checks had been carried out. Checks included, at least two references, proof of identity and Disclosure and Barring checks (DBS). These checks helped to ensure only suitable applicants were offered work with the service.

Using medicines safely
• There were systems and procedures in place to ensure proper and safe use of medicines. Medicine administration records (MAR) were completed appropriately and regularly audited.
• Care workers had received medicines training. They told us they had been assessed as competent to support people to take their medicines. People told us they received their medicines on time.

Preventing and controlling infection
• People were protected from the risks associated with poor infection control because the service had processes in place to reduce the risk of infection and cross contamination. Care workers were supplied with

appropriate personal protective equipment (PPE), including gloves and aprons. They had also completed training in infection control prevention.
• People's relatives told us care workers followed appropriate procedures for minimising risks that could arise from poor hygiene and cleanliness.

Learning lessons when things go wrong
• There was a process in place to monitor any accidents and incidents. However, there were no incidents recorded at the time of the inspection.

Good

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 support plans and risk assessments were drawn up. Agreed goals and outcomes of care were delivered in line with standards and relevant guidance. For example, one person was supported to stay healthy which helped control their diabetes.
• People told us they received the care they needed, and their choices and preferences were responded to. A relative told us, "Our choices are respected all the time."

Staff support: induction, training, skills and experience
• Care workers had attended training to ensure they had the knowledge and skills to undertake their role. Training records confirmed they had completed essential training and were up to date with their training.
• New staff completed an induction using the Care Certificate framework before starting work. The Care Certificate is a method of inducting care staff in the fundamental skills and knowledge expected within a care environment.
• The registered manager told us newly employed care workers also shadowed experienced members of staff until they felt confident to provide care on their own. This ensured they were prepared before they carried out their first visit to people's homes.
• There were records confirming staff received regular supervision and support. Staff also received monthly spot checks to monitor their performance when supporting people.
• Care workers were knowledgeable about people's needs. They could describe to us how people liked to be supported.

Supporting people to eat and drink enough to maintain a balanced diet
• There were arrangements to ensure people's nutritional needs were met. The registered manager told us people's relatives prepared meals. However, there was guidance for staff on meeting the dietary needs of people.
• People told us care workers were available to make sure they had enough to eat and drink. A relative told us, "We prepare meals and so staff only support with giving the meals, and they do this well."
• However, the care plans did not highlight fresh water or squash was readily available and within reach to make sure people were drinking regularly. We raised concerns about this, and the provider was receptive to our feedback and confirmed this information will be added to care plans.

Supporting people to live healthier lives, access healthcare services and support
• People's health needs were met. Their care plans identified their needs and input from a range of professionals, including GP, district nurses and occupational specialists.

• People's relatives told us care workers accompanied people or arranged visits to hospitals and appointments with GPs.

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.

• The service was working within the principles of the MCA. People told us care workers obtained consent before they could proceed with any task at hand.
• Relatives told us people were aware of their care plans and had been involved in their development. They told us their consent was always sought.
• People or their representative signed care plans. These showed consent to care and treatment had been obtained. Where people had been unable to consent to their care, best interest decisions had been made to provide support.

Good

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.

Respecting and promoting people's privacy, dignity and independence
• People's relatives told us care workers were kind and caring. One relative said, "Care staff are kind and compassionate. Our relative is provided with good support always and is respected at all times."
• People's privacy was respected. The care plans described how people should be supported so their privacy and dignity were upheld. People could describe how the agency protected their dignity. For example, some people preferred to be supported by a care worker of their own sex, for reasons related to dignity and this was supported.
• People were supported to maintain their independence. They told us how care workers took time to support them to participate as fully as they could. A relative told us, "My [relative's] independence is respected. This service has met our expectations, otherwise they would not care for my relative."
• However, the service did not have a positive risk-taking policy in place. We discussed the relevance of this policy with the registered manager, most importantly in providing guidance for real choice and control for people. Following the inspection, we received confirmation that the provider had put this in place.
• Privacy and confidentiality were also maintained in the way information was handled. Care records were stored securely in locked cabinets in the office and, electronically. The service had updated its confidentiality policies to comply with General Data Protection Regulation (GDPR) law.

Ensuring people are well treated and supported; respecting equality and diversity
• The service respected people's diversity. Care workers had received equality and diversity training. They understood the importance of treating people fairly, regardless of differences. Relevant policies were in place, including, equality and diversity and Equalities Act 2010. This ensured people's individual needs were understood and reflected in the delivery of their care.
• Practical provisions were made to support people's diversity. People were matched with care workers on grounds of mutual language, religion and culture. For example, people were matched with care workers who could speak the same language.

Supporting people to express their views and be involved in making decisions about their care
• There were systems and processes to support people to make decisions. As addressed earlier, care workers were aware of the need to seek people's consent before proceeding with care. Records showed people had been consulted about their care.
• People told us they had been fully consulted about their care. The registered manager maintained regular contact with people through telephone calls and reviews. This gave people opportunities to provide feedback about their care, which was acted on.

Good

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 received person centred care. Their assessments showed they had been consulted and involved in their assessments. Care plans reflected their choices, likes and dislikes.
• People's care files contained meaningful information that identified their abilities and the support required. People's relatives confirmed people received support that met their individual needs.
• Care workers were knowledgeable about people's needs and could describe to us how people liked to be supported. This was also enhanced by the fact people had a regular team of care workers, which ensured they were familiar with people's individual needs.
• Care plans were regularly reviewed to monitor whether they were up to date so that any necessary changes could be identified and acted on at an early stage. A relative told us, "My [relative's] needs are met. We would have looked for different agency if they were not good."

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.

• Each person's preferred method of communication was highlighted in their care plans, which enabled staff to communicate with people in the way people preferred.
• People were matched with care workers on grounds of a mutual language. People spoke a range of languages, including Guajarati and Hindi, and the service employed staff who spoke as many languages.

Improving care quality in response to complaints or concerns
• The service had a complaints procedure. The procedure gave details of the process for reporting complaints. There had not been any complaints made since the service was registered with the Care Quality Commission. The policy had been shared with relatives.

End of life care and support
• The service did not provide end of life care. However, there was an end of life policy and in people's folders. The registered manager explained that they would ensure all care workers received the training and support that they needed to provide people with end of life care if the need arose.

Good

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

- There were a range of formal systems, which ensured people had choice and control over their care. People participated in regular reviews, surveys and meetings. These forums ensured people were empowered and given opportunities to comment about their care.
- People received regular unannounced spot checks and telephone calls. This ensured they were consulted and given opportunities to comment about their care.
- The registered manager was knowledgeable about the characteristics that are protected by the Equality Act 2010, which we saw had been fully considered in relevant examples. As addressed earlier, people's religious or cultural needs were met.
- The service complied with the duty of candour. This is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. The registered manager was aware of telling us about notifiable events.

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

- There was a management structure in place. This was comprised of the registered manager, and the care workers, who also had administrative duties. They were all aware of their responsibilities and limitations. Care workers told us that they felt supported and could approach the registered manager at any time, whom they described in complimentary terms including, compassionate and accessible.
- The registered manager was committed to providing high quality care. We found them to be knowledgeable regarding people's needs. There was evidence the registered manager visited people to check that the service was meeting their needs. Care workers had received regular 'spot checks' where they were observed providing care to people, assessed for punctuality and the quality of logs.
- Audits had been carried out through the "spot check" process. Whilst this was sufficient because of the size of the service, separate processes needed to be fully developed to ensure the registered manager had proper oversight of the quality and safety of the care agency. We found the registered manager to be knowledgeable about issues and priorities relating to the quality and future of the service.
- The service had a range of policies and procedures to ensure that care workers were provided with appropriate guidance to meet the needs of people. These addressed topics such as, medicines management, safeguarding, equality and diversity and end of life.
- The registered manager was aware of the need to monitor accidents and incidents for trends and learning.

There was a system in place.

Working in partnership with others
• The service worked in partnership with a range of health and social care agencies to provide care to people. These included, GPs, district nurses, pharmacists and occupational therapists.