

Harp Care

Harp Care

Inspection report

7 Aslake Close
Norwich
Norfolk
NR7 8ET

Tel: 07881227496

Date of inspection visit:
10 April 2019

Date of publication:
20 May 2019

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

About the service:

- Harp Care is a small home care service that was providing personal care to 13 people at the time of the inspection.

People's experience of using this service:

- The necessary checks had not been made to ensure staff were of good character before they started working within people's homes. We found repeated concerns in this area that had been identified at a previous inspection of the service in December 2016. This demonstrated a lack of robust monitoring within this area.
- The provider had not ensured that all appropriate records had been kept in relation to staff recruitment and the management of the service.
- Processes had not been followed in line with best practice where medicines had been given covertly (hidden in food or drink). We have made a recommendation the provider seeks relevant guidance in this area.
- People were very happy with the quality of care they received.
- Risks to people's individual safety had been assessed and staff acted to reduce these where possible.
- There were enough staff working at the service to ensure people received their care visits when needed.
- Staff used good practice to reduce the risk of the spread of infection.
- People received their medicines when they needed them.
- Staff had received enough training and supervision to provide people with safe and effective care that met their needs and preferences.
- People were supported to have maximum choice and control of their lives and had been involved in the planning of their care. They told us they were encouraged to give their views about the quality of care they received.
- Where staff supported people to eat and drink, this was completed to meet people's needs.
- People told us they received support to maintain their health when needed and the care they received enhanced their wellbeing.
- Staff worked well with other professionals to ensure that people received the care they needed at the time they required it.
- There was an open culture at the service. The management team and staff were approachable, and people and staff told us they could contact them when they needed to.

Rating at last inspection:

Requires Improvement (Published April 2018). The overall rating has remained as Requires Improvement and this is the third consecutive time it has been given this rating.

Why we inspected:

This was a planned inspection based on the period since the last report was published by CQC.

Follow up:

We will consider the action we will take due to the service being rated as requires improvement again. We will also continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

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 ●

Harp Care

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 an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

This service is a domiciliary care agency. It provides personal care to adults living in their own homes. The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. In this case, the registered manager was also the provider. They have therefore been referred to as the provider throughout this report.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small and the provider is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did:

Before the inspection visit to the provider's office we:

- reviewed the information we held about the service and the provider. This included any notifications the provider had to send us by law and information we had received from members of the public about the quality of care being provided.
- reviewed the information the provider had sent to us in their Provider Information Return in March 2019. Providers are required to send us key information about their service, what they do well and improvements they plan to make.
- spoke with one person and two relatives over the telephone to gather their feedback about the quality of

care provided.

During the inspection visit to the provider's office we:

- spoke with the provider and a visiting healthcare professional
- looked at various records relating to the care that people received which included two people's care records and medicine records. We also looked at two staff training and recruitment records and a range of records regarding how the provider monitored the quality of care people received.

After the inspection visit to the provider's office we:

- spoke with two staff over the telephone about the service.

Is the service safe?

Our findings

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

Some aspects of safety could be improved to reduce the risk of people receiving poor care. Regulations may or may not have been met.

Recruitment Practices

- The provider had allowed new staff to shadow more experienced staff within people's homes without first checking whether they had been barred from working within care. At this point, the provider told us the only assurance they had sought about the new staff member's character was through a verbal reference.
- The provider told us where they had not been able to obtain checks from a staff member's previous employers, they had sought verbal character references instead. For one new staff member this was the only reference that had been obtained regarding their character and had been given by a staff member currently working for the provider. The provider told us the current staff member had known the new staff member for many years and could therefore vouch for their character. However, this could be a conflict of interest and no attempt had been made to obtain further character references outside of the service.
- Records had not been kept of the verbal references that had been given.
- Records were not in place to demonstrate when past employers had been contacted for references where this information had not been obtainable.
- A full employment history had not been obtained for the two staff whose records we looked at as is required.

This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had checked staff's identification and assessed their health needs prior to working for the service as is required.
- Staff had only been able to support people on their own once their Disclosure and Barring Service check had been received and reviewed.
- The provider agreed to immediately review their recruitment practices to make them more robust.

Using medicines safely

- The provider told us one person received one of their medicines covertly (hidden in food or drink). They said they had not sought advice from the prescriber or pharmacist about this in line with best practice to ensure the way they were giving the medicine was safe.
- The provider told us the person lacked the mental capacity to understand the medicine was important for their health and that they had agreed with the person's family to give it this way in the person's best interests. However, no records of the assessment of the person's mental capacity or best interest discussion had been made.
- We recommend the registered manager reviews the Mental Capacity Act's Code of Practice and relevant best practice guidance such as that produced by the National Institute of Health and Care Excellence in

relation to giving people their medicines covertly.

- People and relatives told us that medicines were received correctly where these were given by staff. A relative told us, "They are really great with [family member's] medication as it is so complicated."
- Staff told us they had received training in how to give people their medicines and that their competency to do this safely had recently been assessed.
- Records showed that people had received their medicines when they needed them.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- People and relatives told us they felt the care provided was safe. One relative told us, "They keep [family member] safe. They make sure that the mat is down in the shower and check the temperature of the water." One person said, "They make sure I am safe particularly when I am bathing. I am so tired and they know that, so they don't rush me but help me onto the seat and make sure I am comfortable before lowering me in."
- The staff and provider demonstrated they understood how to protect people from the risk of abuse. They told us they had received training in this area.
- The provider had reported any concerns regarding possible abuse to the local authority as is required. However, they had not reported one concern to CQC. They agreed to review their processes to ensure all relevant incidents were reported to CQC as is required.
- Risks to people's individual safety had been assessed and staff had clear guidance on what they needed to do to reduce these risks. For example, staff had instructions to ensure that one person always had the equipment they needed to walk to hand.

Staffing

- People and relatives told us staff always turned up for their visits and would let them know if they would be late. One person said, "They are always on time but if there has been a problem at a previous call they will ring and let me know." A relative told us, "They are usually on time and will let me know if there is a problem."
- People and relatives told us staff they did not know, were always introduced to them before they provided any care. This they said, helped them or their family member to feel safe.
- Staff told us they had not missed any visits and that they had plenty of time to provide people with the care they required. They added they felt there were enough staff available to meet people's needs.
- The provider told us they regularly assessed staffing numbers to ensure they could cover all the care visits that were required.

Preventing and controlling infection

- People and relatives told us staff used good practice to reduce the spread of infection.
- Staff confirmed they used appropriate equipment such as gloves and aprons and washed their hands regularly to prevent the spread of infection. They had received training in this area.

Learning lessons when things go wrong

- Staff told us they would report any incidents or accidents that occurred when needed.
- The provider said that no incidents or accidents had occurred within the last 12 months. They explained that if something did happen, that they would investigate this and share any lessons learnt with the staff and people using 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

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

- Care records showed that people's needs and choices had been assessed with them and/or a relative before they started using the service. This included physical, mental, social and cultural needs.
- People's care needs had been regularly reviewed to ensure the service could continue to meet them.

Staff support: induction, training, skills and experience

- People and relatives told us they felt staff had the skills and knowledge to provide them or their family member with effective and safe care. One person told us, "I have no issues with their skills, they certainly look after me well." A relative said, "I believe they are well trained. They certainly understand [family member's] condition. They will read [family member's] mood very well and they are very good at keeping them calm."
- Staff said they had received enough training and supervision to enable them to meet people's individual needs. They confirmed their training was up to date and their competency to provide people with safe care had recently been assessed by a senior staff member.
- Staff told us their induction training had been good and that they had spent time shadowing one of the partners who owned the service so they could learn how to provide people with the care they required.
- Staff new to care completed the Care Certificate. This is a recognised qualification in health and social care.

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

- Where this was provided, people and relatives told us this was delivered in line with their or their relative's needs. One relative told us, "[Family member] is diabetic. They make sure they don't give too many sugary foods. For example, for breakfast instead of cereal they will suggest an egg or lunch time they will make sure they just leave a sandwich out without biscuits."
- Staff understood the importance of making sure people ate and drank enough to meet their individual needs. Staff told us they monitored this where they were concerned and that they contacted other healthcare professionals for their advice where needed.
- Staff had clear guidance regarding what meals people liked to have prepared and how they liked to take their drinks.

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

- People and relatives told us staff were vigilant about their health and would contact other services if this was needed. A relative told us, "They understand the need for [family member] to be careful with their skin and will let me know if there are any red areas to the skin."
- The provider and staff gave use examples of when they had involved other healthcare professionals and

services for the benefit of people using the service. For example, contacting a GP when concerned about a person's health or an occupational therapist if they believed the person may benefit from some equipment in their home.

- The healthcare professional we spoke with told us the service worked well with them to ensure people received effective care that met their needs and promoted their health.

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- People and relatives told us their or their family member's consent was sought before staff provided them with support.
- The staff and provider demonstrated an understanding of the MCA. They told us they always offered people choice to help them decide about their care and would only act in their best interests where this was necessary.
- Records were not always in place where the provider said they were supporting people in their best interests. For example, the provider told us they had discussed with one person that they needed to reduce a certain type of food they consumed to reduce the risk of exacerbating an existing health condition. The person had not understood the risks and therefore in their best interests, this food was being restricted. However, there was no record of when the provider had assessed the person's capacity to make this decision or what information they had provided to the person to see if they could make the decision themselves. The subsequent best interest decision and who had been involved in making this had also not been recorded.
- The provider agreed to immediately review and implement the required records. They sent us evidence of this after the inspection visit.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives told us staff were kind and caring. One person said, "They really care for you, they are wonderful. They will take you to the doctor or hospital and stay with you if needed. They will take you out shopping or anything you want you just have to ask." A relative told us, "They have set up a lovely rapport with us all. I know that [family member] likes them because she always smiles when she sees them. They are prepared to do whatever it is to make my [family member's] life as good as possible."
- Staff demonstrated they knew people very well and understood their personalities. People's life histories had been gathered as part of the initial assessment process and staff told us how they used these to strike up conversation with people.
- The provider ensured the same staff visited people so they could build trusting and caring relationships with each other. One relative told us, "They stick with a small team, so you know who is coming. They have such a nice personal touch."

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

- People told us they could express their views to the provider and staff when they wanted to.
- People could express their views in a variety of ways. This included completing an annual survey regarding the quality of care they received or at face to face reviews. The provider regularly visited people which was another way they could discuss their care needs.
- Staff told us they always involved people in making decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us their dignity was upheld and they or their family member were encouraged to be as independent as possible. One relative told us, "[Staff member] will encourage [family member] to have a little walk, to keep their muscles going. They certainly look after [family member's] dignity. I have been there when they have been assisting with personal care and they are never uncovered. They always use towels to make sure [family member's] modesty is looked after." Another relative said, "They certainly treat [family member] with respect and help to support their dignity. They have such a caring attitude and know [family member] well and get on so well with them."
- A healthcare professional told us staff had helped one person they supported to gain more independence and communication skills which had benefited the person's wellbeing.
- Staff demonstrated they understood how to protect people's privacy and dignity, for example when providing them with personal care. They spoke about how they encouraged people to be as independent as possible for example, encouraging people to walk more.
- Care records had been written to promote people's independence. There was clear information to guide staff on how they could support people in this area.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People and relatives told us they or their family's needs and preferences had always been met. One person told us, "I have a book here with all my needs in it and it is up to date. The staff come as friends as well as professionals. One of the nicest things is if I want to attend anything they will sort it all out and take me. They are helping me to live life to the full even at my age." A relative told us, "They [provider] will bring staff to work alongside them and make sure they understand [family member's] needs before letting them fly solo, so to speak. It is really important [family member] has them as a constant in his life."
- People, relatives and the healthcare professional we spoke with told us the service helped to improve people's wellbeing. The provider gave us an example of this where they often took their dogs to see a person who they knew loved animals. This person had little verbal communication but expressed their happiness when the provider helped them stroke the dogs.
- People and relatives told us the service was flexible if they needed to change their care visits to fit in with their lifestyle. They also said they were kept up to date with any changes in their family member's needs, so they could act upon these if necessary.
- People had been involved in the planning of their care. An initial assessment had been completed with them and/or a relative when necessary. From this a detailed care record had been produced that gave staff clear information on how to meet people's individual needs.
- People's communication needs had been fully assessed. Information was available in various formats if required such as large print. The provider told us how they worked with one person using pictures cards to aide their communication.
- Staff demonstrated they understood people's individual needs and preferences and the provider had planned people's care to ensure these were consistently met.

Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to raise concerns and any such concerns were dealt with quickly and effectively. One person told us, "I have never needed to complain. If there is anything I would speak to [provider] directly. She would sort it out as she is wonderful." A relative told us, "There is a formal complaints procedure in the care plan but if I have any comments to make, I just ring them. They are a very open company and any issues, which haven't been many or big in all the time we have been using them, have been dealt with immediately."
- The provider told us no formal complaints had been received but there was a process in place to deal with these should any be made. They visited people regularly and dealt with any verbal complaints quickly and efficiently.

End of life care and support

- People and relatives told us they or their family member's wishes had been sought in relation to the end of

their life. One person told us, "I was really worried about what was going to happen as I know I am not well, and I don't want to die in hospital. I spoke to [provider] and we have a plan in place. She has told me not to worry that come the time they will sort out night and day care. This has taken a weight off my mind as I want to die at home without it being a pressure for my family. Harp Care have just been wonderful, and I know now I won't have anything to worry about."

- Records showed that people's wishes had been captured where necessary. Staff confirmed they worked with various healthcare professionals at this time to ensure people had a comfortable and pain free death.

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.

Some aspects of service management and leadership were inconsistent. Some regulations may or may not have been met.

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

- At the last inspection we found a breach of regulation 4 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because one of the partners working at the service had not received adequate training to provide people with care. Since that inspection, this partner has left the business. We were satisfied the two remaining partners had received enough training to enable them to provide people with care. Therefore, the provider was no longer in breach of this regulation.
- However, we found shortfalls in the provider's recruitment processes which they had not identified as an issue. These included repeated concerns that had been found in a previous inspection in December 2016. For example, lack of gathering a full employment history for new staff. This demonstrated a lack of learning and consistent approach to the quality monitoring within this area.
- Records in relation to staff employed at the service or the management of the regulated activity had not always been kept as is required.
- The service has now been rated as requires improvement for the third consecutive time which demonstrates a lack of robust quality monitoring.

This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff understood their roles and responsibilities.
- The provider was responsive to our feedback and agreed to review any shortfalls immediately and make the necessary improvements.

Planning and promoting person-centred, high-quality care and support with openness; how the provider understands and acts on their duty of candour responsibility; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives were very happy with the care that was provided. They knew the provider's well and were complimentary about them and the staff. One relative told us, "They are all very approachable. You can ring at any time to discuss anything with them or give feedback. I have the mobile numbers for both managers for out of hours. [Provider] is normally in the office and she is very well organised." Another relative said, "We know the managers very well and they are very hands on people. They often come to care, and I always find them very amenable."
- Staff were also complimentary about the providers. They told us they were approachable, listened to them and that they felt valued.

- People were regularly asked for their opinion about the running of the service. This was either during visits the provider made to them or by an annual survey.
- We checked some responses to the most recent survey and people were very happy with the standard of care provided. One relative had written, "Excellent care. I have been impressed with the genuine friendly and caring nature of all the staff. This means a great deal to us and the family that we can continue to have [family member] at home." One person had written, "Carers are generous with their time and engage fully. I find all who work at Harp Care cheerful and caring, they are highly respectful, dependable and responsive."

Working in partnership with others

- The provider had developed good working relationships with other services such as the NHS and local authority to support people to receive the care they required. A healthcare professional we spoke with told us this was the case.
- Information was provided to people about other services to promote their safety and wellbeing such as the local fire service who would visit and check the person's home. Staff told us they would contact such organisations on behalf of people if there was a need for this.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes had not been operated effectively to ensure compliance with the regulations. Systems to assess, monitor and improve the quality and safety of the services provided and to mitigate risks relating to the health, safety and welfare of service users and others were not always robust. Accurate, complete and contemporaneous records had not been kept in respect of each service user or persons employed in the carrying on of the regulated activity. Regulation 17 (1) and (2) (a), (b), (c) and (d).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Robust checks were not in place in line with Schedule 3 of this regulation to ensure staff were of good character before they entered people's homes. Regulation 19 (1) (a), (2) and (3) (a).</p>