

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Harrogate Care at Home

66 Cornwall Road, Harrogate, HG1 2NE

Tel: 01423538886

Date of Inspection: 03 October 2013

Date of Publication:
November 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Harrogate Care at Home
Registered Manager	Mrs. Nicola Pagett
Overview of the service	Harrogate Care at Home is based in the centre of Harrogate. The agency provides support for personal care, social care and domestic services to people in their own homes.
Type of service	Domiciliary care service
Regulated activity	Personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
Our judgements for each standard inspected:	
Consent to care and treatment	6
Care and welfare of people who use services	7
Safeguarding people who use services from abuse	9
Supporting workers	10
Assessing and monitoring the quality of service provision	11
About CQC Inspections	13
How we define our judgements	14
Glossary of terms we use in this report	16
Contact us	18

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 3 October 2013, talked with people who use the service and talked with carers and / or family members. We talked with staff, talked with commissioners of services and used information from local Healthwatch to inform our inspection.

What people told us and what we found

We spoke with nine people and their relatives on the telephone and received 30 feedback questionnaires.

Before people received any care or treatment they were asked for their consent and the service acted in accordance with their wishes. We asked people if their plan of care had been discussed with them and they confirmed they or their representatives had been involved in planning their care.

The majority of people told us their satisfaction with the care they received was either good or excellent and that they received the care and support they needed all or most of the time. Comments from people included "They do everything very well and are very good to me", "They carry out their duties efficiently and understand my needs" and "Overall they do everything satisfactorily."

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. All the people we asked told us they felt safe when carers went into their home.

Staff received appropriate professional development. We saw arrangements were in place for new staff to complete an induction programme and for their competency to be assessed. We saw and staff confirmed they received regular supervisions sessions and appraisals.

The provider had an effective system to regularly assess and monitor the quality of service people received.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the service acted in accordance with their wishes. We asked people if their plan of care had been discussed with them. They all confirmed they or their representatives had been involved in planning their care. Some people told us they had signed their care plan. We were unable to view any signed care plans as the main records were kept in individuals homes. However, we saw on peoples' records in the office that the majority were signed. We also saw a range of other documents that people had signed which included; consent to be supported with medication, use of peoples' information, confidentiality and care contracts.

Staff demonstrated a good understanding of the meaning of consent and the need to ensure people were given choices and the importance of being involved in all decisions relating to their care. Comments from staff included "I always offer a choice; this can be anything from what to eat, what to wear, to whether they want anything different doing" and "I always ask people before I start." This helped to ensure that people were involved in making decisions about their care.

Where people did not have capacity to consent, the agency acted in accordance with legal requirements. We saw evidence from care records viewed that where a person did not have capacity to consent to care or treatment that other people were involved in making decisions about their care. We saw that where necessary, 'Best Interest Decision' meetings had taken place and the agency had been involved in these meetings. This is where a range of people are involved in making decisions for someone who does not have the capacity to make their own decisions. The staff we spoke with demonstrated a good understanding of ensuring all people, even if they lacked capacity were offered choices and that other people were involved in making decisions about their care and support. Records showed staff had completed training on the Mental Capacity Act 2005 (MCA), Deprivation of Liberty Safeguards (DOLs) and dementia awareness. This helped to protect people.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We saw in the care records viewed an initial assessment was completed by the agency before someone started receiving care in their home. Most people told us they received information prior to using the service. However, the provider may wish to note that some people told us they received little or no information. Peoples' care records included information about the care and support they required and were regularly reviewed. When asked, staff showed a good understanding of people's needs. Staff told us arrangements were in place to update them on any changes to the people they supported at weekly staff meetings or through messages from the office. This helped to ensure staff were aware of the person's needs and therefore any changes could be met.

People experienced care, treatment and support that met their needs and protected their rights. We did not observe any direct care being provided to people as care was provided in people's own homes. We spoke with people who received a service and their relatives and received feedback from surveys we sent to people. Overall, the majority of people told us their satisfaction with the care they received was either good or excellent and that they received the care and support they needed all or most of the time. They also told us they were treated with respect and were supported by staff to maintain their independence.

Comments from people included: "They do everything very well and are very good to me", "They carry out their duties efficiently and understand my needs" and "Overall they do everything satisfactorily." Record showed staff contacted the office, other healthcare professionals and relatives when they were concerned about someone's health and welfare and worked with other healthcare professionals to monitor people's well-being.

The majority of the people told us care staff always turned up on time or mostly turned up on time. However, the provider may wish to note we were also told that staff did not turn up on time. All of the people said staff mostly stayed for the required time and when people's regular carers were not available that they were supported by staff who mainly knew how to support them. The majority of people said they were contacted if staff were going to be late. We received a mixed response when we asked people if they knew which care staff would be supporting them on any given day and if they had a consistent

group of staff supporting them. Records showed the majority of people had a consistent group of care staff supporting them. This helped to ensure that people's needs were being met. The provider may wish to note that some people told us there were times when new staff arrived that they did not know.

The provider had suitable arrangements in place to manage foreseeable emergencies. When asked, staff had a clear understanding of what actions they would take if they found a person to be in need of emergency support when they arrived at their home. We also saw the agency had systems in place to manage planned and unplanned absences however they acknowledged that unplanned absences could impact on care delivery. An out of hours on call arrangement was in place so that staff could access guidance and support at all times. This helped to ensure that people continued to receive care and support in the event of an emergency.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We asked people who received care in their home and their relatives whether they felt safe when care staff went into their homes. All the people told us they felt safe and had no concerns regarding feeling safe.

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The provider had policies and procedures in place for safeguarding and whistle blowing. Staff received training in safeguarding as part of their induction. We also saw this was updated at regular intervals and discussed with staff at team meetings and supervision meetings with their manager. This helped to ensure that staff were aware of their role and responsibilities in safeguarding people from abuse.

When asked, staff showed a clear understanding of the different types of abuse and who they would report concerns to. We asked staff what they would do if they thought someone was being abused. They said they would report it to the manager or provider so they could look into the allegation and report it on to the right people if not satisfied with the action the provider or manager had taken.

We asked staff if they had any concerns about people being abused by staff at Harrogate Care at Home and they all told us they had no concerns. We were also told that appropriate arrangements were in place for the safe keeping of keys for people's homes and the use of people's money. This helped to ensure that people were kept safe from harm.

The staff records we looked at contained the relevant pre-employment checks which included application form, references, police check and authorisation to work in the United Kingdom. This meant the provider was assured that staff were not barred from working with adults or children.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development. The staff we spoke with told us they were well supported by both the manager and office staff. Comments from staff included: "I feel supported; I feel I can talk to them and they listen", "I receive regular supervision sessions" and "I had an induction which was three weeks training at the office and then shadowing." People receiving support and their relatives told us they felt most staff had the rights skills to carry out the job.

We reviewed four staff records. We saw arrangements were in place for new staff to complete an induction and for their competency to be assessed before they commenced their role or commenced new tasks such as administering medication. The induction included shadowing existing staff and the completion of mandatory training such as moving and handling, infection control, health and safety and safeguarding. This helped to ensure that staff had the required knowledge, support and training before they started providing care to people.

We saw and staff confirmed they received regular supervisions sessions and appraisals. We saw staff had access to a range of training and that the agency employed a designated trainer. We saw arrangements were in place for monitoring the completion and renewal of training. One member of staff told us "What training people ask for, they get." We saw on records that staff completed additional training in specific areas, for example, dementia and motor neurones disease. Records showed staff had a contract of employment and access to a staff employment handbook which contained a wide range of policies to support them in their employment. Risk assessments were also in place for staff. We were told and staff confirmed they attended weekly meetings at the office where they discussed key issues for the forthcoming week. Staff told us they found the meetings helpful and supported them in being able to carry out their role. Staff had a designated area at the office for their use with a range of employment information available for staff to read. This helped to ensure that staff had the required knowledge, support and training for them to carry out their role.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who used the service or their representatives were asked for their views about their care and treatment and they were acted on. We saw that arrangements were in place for obtaining feedback from people receiving care, their representatives, other professionals and staff. A sample of people were sent a satisfaction questionnaire and their views sought as part of peoples' care reviews. We saw the results of the most recent questionnaire had been shared in the newsletter that the agency produced. The provider may wish to note that most of the people we spoke with told us they had not been asked to provide feedback. When asked, most but not all the people told us they felt their feedback was listened to. We saw that weekly staff meetings took place where key areas and issues were discussed and actions put in place. This ensured people's views were sought on the quality of the service provided.

The provider had suitable arrangements in place to monitor the quality of service people received. Examples included working with care staff and undertaking 'spot checks' on care staff to observe how they delivered care and the quality and accuracy of information they recorded in the records in people's homes. These checks included checking the medication administration records (MARs), identifying whether the plan of care was delivered and looking at whether the member of staff stayed for the required time. Staff also told us they received spot checks on their work, both during the time they were providing care and shortly after they had finished providing care. Feedback was given to staff following these checks and staff said they found this helpful. The records we looked at confirmed this. This helped to ensure the quality of care provided by staff was being monitored.

We also saw audit arrangements were in place when the agency managed people's money. However, the provider may wish to note that we did not see arrangements in place for monitoring financial recording sheets that were used when staff purchased items for people. We discussed this with the manager who told us they would address this issue immediately. We were also told in detail of other checks that were carried out. The provider may wish to consider the importance of maintaining records to be able to demonstrate that such checks were carried out.

We reviewed the complaints procedure. We were unable to examine any records as the agency had not received any recent complaints. Detailed information on how to complain and a range of contact details including other agencies, such as the Local Authority were available in the record that each person had in their home and this was confirmed by people's awareness of how to complain. This helped to ensure that people knew how to make a complaint.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
