

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

Harmill House

Auclum Lane, Burghfield Common, Reading,
RG7 3DB

Tel: 01189836368

Date of Inspection: 10 December 2013

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2014

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Evelyn Grace Limited
Registered Manager	Mrs. Emma Devenny
Overview of the service	Harmill House is a domiciliary care agency operated by Evelyn Grace Limited, based in Burghfield Common near Reading. The agency provides support and care for 36 people living in their own homes.
Type of service	Domiciliary care service
Regulated activity	Personal care

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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 unannounced 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 10 December 2013, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

We found that the agency involved people or their representatives in assessing their needs and planning their care. The staff promoted dignity and respected people's rights by consulting them when providing support. One of the people supported said the staff "are very flexible".

Each person had a detailed care file with care plans, risk assessments and background information. The care plans included people's individual wishes and preferences about their care and support. Care plans and other documents were regularly reviewed. People were very happy with the care provided.

The agency had procedures to safeguard people from abuse and staff had received or were undergoing training on safeguarding issues.

The agency had an appropriate recruitment and selection process for new staff to ensure that they met the requirements of the regulations. Staff received an induction, on-going training and support.

The manager sought the views of the people supported, their relatives and staff about the care provided by the agency. The manager had systems to monitor the care provided and the agency's day to day operation.

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account and their dignity respected in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment.

People supported by the agency and their representatives were provided with information about the agency and its services. The agency provided a brochure, statement of purpose and service user guide. A copy of the complaints procedure was also given to everyone. The agency had a website providing information about its services.

The care files we saw included evidence of the involvement of people in their assessment and the planning of their care or that of their relative. Some files also contained background information provided by relatives, where the person was unable to provide this for themselves. References were made to involving people in day-to-day decision making. The people we spoke with who were supported by the agency told us they had been consulted and involved in planning their care. They said that staff treated them with respect and kindness and promoted their independence. One person told us "they work with me" and two relatives described the staff as "exceptional".

The staff we spoke with described how they involved people in their care by explaining the support they were going to provide and checking that the person was happy for them to go ahead. They gave examples of respecting people's dignity by ensuring that personal care was always delivered in private and that people's bodies were appropriately covered. Staff explained how they and the managers had advocated for people with other health and care agencies. The people supported with whom we spoke said that the staff respected them by arriving promptly and staying for the allotted time. One person said "they take time to meet my needs". One relative told us the staff were "good at liaising with other services".

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

The agency provided care and support for 36 people within their own homes. People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We looked at the care files for six of the people supported by the agency. Each file contained an assessment of the person's support needs. There were detailed care plans for each aspect of care together with relevant risk assessments, including a premises risk assessment. These documents had all been reviewed regularly. We saw copies of previous documents to demonstrate this. They included the wishes and preferences of the people supported as well as providing staff with information on how to deliver the identified support. Where people were able to manage aspects of their own care or only required prompting or encouragement, this was noted. The plans included terms such as "assist to" and "include in decisions about" which indicated the person centred approach. Medication care plans noted the right of the person to refuse medication and how staff should record and report this. The people we spoke confirmed that staff offered encouragement and prompting and supported them to be involved as much as possible.

The staff we spoke with confirmed that the care plans were available to them in people's homes and were regularly updated. They told us that they were able to pass any concerns or changes on to the managers to ensure that care plans remained relevant. The relatives we spoke with said they were kept fully informed of any changes in people's wellbeing.

The people supported with whom we spoke all had nothing but praise for the support they received from staff. Comments included "they build a relationship with the person they are supporting and use their initiative" and "I couldn't praise them enough". One relative said they had "complete faith in them" and this provided some respite for them without having to worry. Several people said they appreciated the way they were supported by a consistent group of staff so they got to know and trust them. One person told us "I couldn't manage without them". Two of the relatives said that Harmill House was much better than a previous agency they had used.

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

Our judgement

The provider was meeting this standard.

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.

Reasons for our judgement

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.

The agency had appropriate policies on safeguarding vulnerable adults and used the local authority multi-agency procedures for reporting. Staff had been asked to complete a safeguarding workbook as part of a cycle of on-going training. Other safeguarding training had also been provided. The staff we spoke with demonstrated a good understanding of aspects of safeguarding and of their role in recording and reporting any concerns. They confirmed having had recent training on safeguarding.

One issue had arisen, not directly related to care, which had been appropriately addressed by the manager. The agency had fully co-operated in a further investigation around medication issues which were not related to the conduct of its staff.

The people supported with whom we spoke all felt safe when staff were supporting them. People felt the staff were well trained and competent. Relatives also trusted the staff to safeguard people and keep them informed of any issues.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

There were effective recruitment and selection processes in place.

We looked at the recruitment records for the four most recently recruited staff. Each file contained evidence of the completion of a 'Criminal Records Bureau/'Disclosure and Barring Service' check, a completed and signed application form and copies of two written references. The manager told us she always saw evidence to confirm people's identity but had not, to date, retained copies of this. None of the current staff originated from outside the EU so no evidence of 'leave to remain' or 'right to work' was required.

New staff completed a 'Skills For Care' induction pack. They also received a detailed induction folder and carer's handbook. The induction folder included a series of workbooks on areas of core training, for completion during the first three months of employment, which the manager then signed off. Each staff member was also given a copy of the General Social Care Council 'Code of Conduct'. Staff were monitored by working alongside more experienced or senior staff and through regular spot checks. The views of the people supported about their care staff were also sought by the managers.

The agency experienced low staff turnover and the staff we spoke with gave various reasons for this. All felt valued and appreciated by the management. They told us they received a good induction and on-going training and were well supported. We were told that one of the management team was always available on call for advice and support. Staff understood and believed in the care ethos of the manager. Where they had previous experience, they rated Harmill House highly compared to other providers.

The provider/manager said they never used agency staff. The three managers and the care staff were able to cover any shortfalls in the rota.

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, their representatives and staff were asked for their views about their care and treatment and they were acted on.

The manager showed us the copies of reports compiled from previous annual surveys of the people supported, relatives and staff. This year's survey had only recently been completed and the report was yet to be compiled. We saw that previous reports included an action plan for any points raised and contained details of the action taken to address these. We looked at some of this year's completed forms. The feedback was very positive. One form noted that an issue that had been raised had been addressed within 24 hours.

The manager had a range of computer-based records to help ensure an overview of areas such as staff training, spot checks and of contact where support or supervision was provided. Spot checks were carried out at least every eight weeks in various ways. Sometimes through observing care and also by visiting after care calls to obtain feedback from the person supported. The manager and assistant managers also worked alongside staff on care calls from time to time, to enable them to observe care practice directly.

The agency had an appropriate complaints procedure which had been recently reviewed. The procedure was given to each of the people supported or their representatives and was included in the file kept in their home. The manager said that no complaints had been received. The manager spoke regularly to relatives and the people supported and any issues raised were immediately addressed. This meant that the provider took account of complaints and comments to improve the service.

The manager told us that when a new round of care calls was planned, one of the management team carried out the round to ensure it was workable within the times allocated. This helped to reduce the risk of staff arriving late to calls, which might otherwise generate complaints. Where staff were running late it was the policy to telephone the person awaiting the call to inform them. The people supported with whom we spoke confirmed this was usually the case. One said they were "usually on time".

Another told us "they never stint on their time". People also told us they hadn't had any other cause for complaint. One person described the staff as "reliable and dependable".

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.

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