

Katherine Harriet Ltd

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Inspection report

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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

This was an announced inspection carried out on the 03 March 2017.

Katherine Harriet Ltd is an agency that provides a domiciliary service to people living in their own home. At the time of the inspection, personal care was being delivered to 68 people living in the Herefordshire area.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This service has not been previously inspected.

People told us they felt safe with how staff supported them in their home.

There were sufficient numbers of staff available to meet people's need safely. Staff were reliable, and would ring if they were delayed for calls.

Staff received training in how to protect people from harm and abuse. Staff knew how to recognise and report abuse to the provider.

The provider had assessed and managed the risks connected with people's individual care and support needs. They organised their staffing requirements to be able to meet these needs.

Systems and procedures were in place that were designed to ensure people received their medicines safely.

Staff had the skills and knowledge needed to meet people's individual care needs. They received effective induction and annual training with on-going support from the provider.

The provider understood and protected people's rights under the Mental Capacity Act 2005.

People were supported to access healthcare from other professionals.

People received care and support that took into account their specific needs and preferences. People told us they were actively involved in the care they or their relative received.

The provider consistently delivered care that met their individual needs and preferences.

People were assisted to achieve their personal goals and aspirations. Staff were knowledgeable about the people they supported, which enabled them to provide a personalised and responsive service.

The provider had clear vision and values that were person-centred and that ensured people, including staff were at the heart of what they did.

The provider promoted an open and inclusive culture within the service. People and relatives told us communication with the provider was good, they felt listened to and that what they said mattered.

The provider worked with other agencies to ensure people were safe.

The provider monitored the quality of the service by a variety of methods including audits and feedback from people and their families. This information was used to make improvements.

There were innovative links with the local community.□

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.

People were supported by sufficient numbers of staff who were trained to recognise and protect people from harm and abuse.

Where risks to people's safety were identified plans were in place to reduce these risks.

The provider carried out appropriate checks when recruiting new staff.

People were supported to take their medicine as prescribed.

Is the service effective?

Good ●

The service was effective.

Staff had received training to give them the skills and knowledge to meet people's needs.

Staff received regular supervision, and felt valued and supported by the management team.

People were supported to access healthcare from other professionals.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who respected their privacy and dignity.

People told us they were supported and encouraged by staff to be independent and live their own lives.

People told us they were actively involved in the care they or their relative received.

Is the service responsive?

Good ●

The service was responsive.

People received care and support that was tailored to their individual needs and preferences.

People's care was kept under review to ensure it met their individual needs.

People and relatives were encouraged to give feedback about the care they received.

Is the service well-led?

The service was very well-led

People and staff felt the provider were approachable and supportive.

The provider monitored the quality of the service by a variety of methods including audits and feedback from people and their families.

There were innovative links with the local community.□

Good ●

Katherine Harriet Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008, as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 03 March 2016 and was announced. We provided 48 hours' notice of the inspection to ensure management were available at their office to facilitate our inspection. We also conducted telephone interviews with people who used the service, their relatives and staff after that date to obtain their views of the provider. The inspection was carried out by one inspector.

Before the inspection we reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents, which may have occurred. A statutory notification is information about important events, which the provider is required to send us by law. We also asked the local authority and Healthwatch for any information they had, which would aid our inspection.

We spent time visiting people in their own homes and asked them what they thought about the care they received. We also undertook telephone interviews with people and relatives to gauge their impression of the quality of care provided. In total, we spoke to 10 people who used the service and 10 relatives. We also received information from one health care professional and three social care professionals about their interaction with the provider.

At the office, we reviewed a range of records about people's care and how the domiciliary care agency was managed. We looked at five care records, five personnel and training records, five medicine administration record (MAR) sheets, quality assurance audits, minutes from staff meetings and surveys that the provider had sent to people.

As part of the inspection, we spoke with the registered manager, a company director, and 11 wellbeing assistants. The provider referred to all support staff as 'wellbeing assistants.'

Is the service safe?

Our findings

People told us they felt safe with how staff supported them in their home. One person said, "They are very professional. I'm very fussy, I'm aware of standards and this company delivers to me what I need. I do feel safe and trust the staff as I'm vulnerable." Another person told us, "I feel safe and secure with them all. They are wonderfully kind and caring." A third person said, "I completely and utterly trust them and feel safe with them." One relative told us, "My relative is really safe with the staff. I fully trust them. We have a team of three, all of whom we feel very safe with." Another relative said, "I have complete confidence in our care staff and my relative feels safe with them when they provide care."

People told us there were sufficient numbers of staff available to meet all their needs safely. Staff were reliable, generally always on time for visits, and if delayed people would be rung to be told of the delay. One relative said, "Never any missed calls and if late will ring and let us know. They communicate very well if there are any changes." Another relative told us, "If they are going to be late they will ring and let us know." A third relative told us that the provider was very good at time keeping and always provided a good explanation if staff were early or late. One person told us, "I have used other services, there was no continuity with carers turning up late. This service is poles apart from what I had before. I have regular staff who are brilliant and very reliable." People told us there was an on-call service, so someone was always available to contact, which they found reassuring.

Most people we spoke with told us they managed their own medicines. However, where the provider administered people's medicines, people told us they received their medicines when they needed them. One person told us there had never been any issues with their medicines and that they always received them at the right time. Staff also supported people with the application of prescribed creams. One person told us, "They administer my cream and put the right cream in the right place when I need it." Each member of staff we spoke with told us they had received training and only supported people with their medicines once they had completed training. They also received annual refresher training in medicine administration. Records we reviewed demonstrated that the administration of medicines to people was accurate and safe.

During our inspection, we checked to see how the provider protected people against abuse and ensured they were safe. Staff told us how they kept people safe and understood their duty to 'whistle blow' if they witnessed poor practice. They told us about what signs they would look for and the action they would take if they thought someone was experiencing any form of abuse. One member of staff told us, "I have had personal experiences of safeguarding concerns, which means I would report any issues to my manager. I'm confident the management team would take the necessary action. I'm aware of 'whistleblowing' procedures, though have never had cause to use it. I wouldn't hesitate if I had any concerns." Another member of staff said, "I would report any concerns to the management, especially if it involved any abuse to ensure a safeguarding referral was made. It is important to make sure people are safe all of the time." Staff also confirmed they had received training in safeguarding people.

Staff told us they had received appropriate checks prior to starting work with people. Checks included their identity, previous employment history and at least two character references. The provider told us they

undertook a Disclosure and Barring Service (DBS) check for each member of staff before they started working with people. A DBS check is a legal requirement and is a criminal records check on a person's background. These checks helped the provider to ensure new staff were suitable and safe to work with people in their own homes.

People's safety and well-being had been assessed by the provider and risk assessments were in place to minimise these risks. Risk assessments were compiled in consultation with people, their relatives or health care professionals. One person said, "Staff have a full understanding of my needs. They are fully aware of the risks I face and know how to support me." One relative told us that staff were fully aware that their relative was at high risk of falls, which the provider assessed during the initial assessment visit. They said staff always checked their relative's safety when they visited and they felt confident that staff managed the risk well. One member of staff told us, "Before I started working with a client, we had to read the care plan so we were aware of the risks they face. With people who are at risk of falls, I will always watch them and warn them about potential trip hazards." Another member of staff said "With pressure sores, we keep an eye and monitor and contact the nurse with any concerns. People who are high risk of falls, we always make sure the environment is safe."

Is the service effective?

Our findings

People told us they felt staff were professional, well trained and had the right skills to support them. One person told us, "They are very professional and I'm very struck by their approach. Staff are well trained and are meeting my needs. I have used other services so speak from experience." One relative said, "I'm very confident in their professional approach and training. They know exactly what they are doing." Another relative told us, "We are very happy with the quality of care we receive, never any issues. They are very professional and staff appear well-trained and competent."

We looked at the training and professional development staff received to ensure they were fully supported and qualified to undertake their roles. Staff told us the training they received enabled them to have the right skills and knowledge to support people. Staff described the training programme as 'excellent,' which was classroom based with no on-line training. Each member of staff we spoke to emphasised the importance of class room based training and the quality in training it provided. New staff told us they all attended a period of induction, structured around their previous experience. All new staff were also required to complete and meet the required standards of the care certificate, before working independently. The Care Certificate is a nationally recognised training programme for care staff, which required the completion of work books and practical assessments. This was followed by a period of 'shadowing' (working alongside) more experienced staff until they were confident to work alone. Staff remained on 'probation' for a period of three months, which involved performance reviews and 'spot checks' before being confirmed by the provider.

Staff confirmed they received annual refresher training in a number of areas including medicine administration and moving and handling. We saw that all training requirements for staff including annual mandatory training were managed effectively by the registered manager. One member of staff told us, "I had a week's long induction, which I was very impressed with as I had done the training previously. It included medication, first aid, moving and handling and mental health. It was all classroom based followed by a period of shadowing. It included being assessed on medicines and general practice." Another member of staff said, "Excellent training, possibly the best training I've ever received. When I meet clients I feel I have the necessary skills to support them."

We asked staff about the support, supervision and appraisals they received. Supervision and appraisals enable managers to assess the development needs of their support staff and to address training and personal needs in a timely manner. Staff told us they received regular one to one supervision, group discussions and felt valued and supported by the management team.

People told us staff always asked their permission and sought their consent before undertaking any task. The registered manager told us most people were able to give their consent and made their own decisions with regards to their own care and treatment. The provider had also obtained written consent from the person or their representative to cover areas such as information sharing, the initial care and well-being assessment and consent to care.

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. Staff confirmed they had received training in the MCA and were able to explain the principles of the legislation to us.

Most people we spoke told us they did not require support with their nutrition or hydration. They either managed themselves or were supported by their families. Staff told us they would always provide drinks during visits and would report any concerns to the office, if they were worried about people's eating and drinking requirements.

People and relatives told us, generally they made their own health appointments, but staff were always prepared to provide support if required. One person said, "They always keep an eye and will give the GP a ring if anything is wrong. They are all very good like that." Staff told us that if they felt that the client was not coping, or was poorly, they would notify the registered manager, who in turn would contact the relevant health care professional about their concerns. One social care professional told us that the provider would always work with other professionals when the need arose to achieve outcomes for people. When they sought feedback from the provider this was always forthcoming. They believed the provider supported people well and considered creative ways of finding a solution to any issues. A member of staff told us how one person they cared for had a fall and that the office contacted the occupational therapist to make sure there was support when they came home.

Is the service caring?

Our findings

People and relatives consistently spoke favourably about the provider and about the quality of care provided by staff. They described staff as dedicated and caring. One person told us, "Staff are very caring. They are genuine and it's not just a task or them. They never rush me." A relative said, "They are genuinely kind and caring. I can hear them having a good laugh upstairs with my relative." Another relative told us, "My relative is very sociable and loves the care staff that come. They talk about things and engage very well with my relative, putting them at ease."

People were supported by staff who respected their privacy and dignity. People told us that staff made them feel comfortable and were never made to feel embarrassed when receiving personal care. One person told us, "They pay attention to my privacy and dignity. I have never been made to feel uncomfortable." Another person said, "I have found no embarrassment with staff, they really respect my needs and the choices I make." One relative said, "Yes they fully respect my relative's privacy and dignity at all times. They are very sensitive to their needs and will chat away with them. They also give me support by chatting with me and asking how I am. They have done 'sit ins,' which has given me time for myself." Staff we spoke with were able to provide good examples to demonstrate how they respected people's dignity and privacy. This included when supporting people with personal care and ensuring door and curtains were closed and that people felt comfortable.

The provider told us that people were introduced to new staff first to ensure everyone was comfortable with each other. One person told us they were once introduced to a new member of staff they really didn't feel comfortable with. When they raised the issue with the provider an alternative member of staff was arranged without fuss.

People told us they were actively involved in the care they or their relative received. They felt that both staff and the provider listened to their views on how they wanted their care delivered. Copies of their care plans were retained in their homes together with other information about the provider in a client information guide. One person told us, "I have discussed my needs with the registered manager on several occasions, both positives and negatives. We have agreed how things can be improved and staff have had specific training to meet my health needs." One relative told us, "I'm fully involved in the care my relative receives, they listen and are always happy to do the little extras." Another relative said, "I'm always included in reviews of my relative's needs and they are very responsive to feedback I give."

People told us they were supported and encouraged by staff to be independent and live their own lives. One person told us, "They have helped me achieve my personal goal of getting up and about before last Christmas. I achieved it and they were fantastic. They allow me to live an independent life as much as possible. Without them I would struggle." Another person said, "Brilliant, I would be completely lost without them. They have enabled me to have independence, which I wouldn't have otherwise. I would be stuck at home." Another person explained how staff would encourage them to do things like putting on their own trousers and all the time displaying patience and kindness. Staff understood the importance of helping to keep people safe and independent in their own homes. Staff told us they encouraged people to do as much

as they could for themselves so as to retain their dignity and sense of independence living at home.

Is the service responsive?

Our findings

People told us the provider consistently delivered care that met their individual needs and preferences. People also felt that both the provider and staff were responsive to any requirements they had and were flexible with regards to changes in arrangements needed. One person told us, "They fully respect my wishes and really know my needs. They respond to any issues or concerns effectively and staff on the ground are very supportive and pro-active on that front." Another person said, "Whenever I have rung the office to make changes, the management team have always been excellent. They are very good like that." Another person told us, "My needs are very complex and staff seem to have a good knowledge of all my issues. They are very flexible and will often change times to meet my needs."

Families told us that staff also provided them with support and reassurance, kept them informed and always had time for a chat. One relative said, "They always ask me if I want anything, they are very helpful and kind." Another relative told us staff were good and listening and responding to any needs they had.

People told us the provider consistently engaged meaningfully with people and families about the care and support they need. People told us how they were actively involved with the provider in identifying and agreeing their specific needs. Care and support plans were person centred and regularly reviewed by the provider in consultation with people. People told us about their initial care and wellbeing assessment undertaken by the provider, which they felt was detailed and comprehensive. People told us they were encouraged to notify the provider if any changes were required at any time. Support plans were located at each person's home with duplicates held at the office.

The registered manager told us they assisted people to achieve their personal goals and aspirations. People told us about how they were supported to achieve their own goals and improve their quality of their life. One relative said, "I definitely believe they have contributed to improving (name) life. First by getting them out of bed and being able to sit in a chair. We are planning to take them out next. They are wonderful." One person told us how when they first started using the provider they were in bed and how they agreed their personal goal to be out of bed by Christmas. They said that staff had really helped them to achieve this goal, which had resulted in them being more independent in their home. They told us they were really grateful to the registered manager and their team. One relative told us, "The positive outcome for us is that they are reliable and have enabled me to lead a positive home and work life."

Staff told us they were encouraged to develop meaningful professional relationships with people as part of their role supporting people. One member of staff told us how they had been encouraged by the registered manager to visit clients, who had been admitted to hospital for a period. This had been undertaken with the consent of the families. Staff explained to us that their role as a 'wellbeing assistant' meant they actively promoted people's wellbeing all of the time as well as providing care. One member of staff said, "I'm so pleased I've come here. In the past I was just a carer, being called a 'wellbeing assistant' means actively promoting people's wellbeing."

We looked at comments of one relative who explained how difficult it had been to convince their relative to

have a bath and how after three months of using the provider their relative was calm and happy about receiving personal care. They explained that staff had been brilliant at making their relative feel comfortable with washing and dressing. They said that staff always stayed the full hour and shared a cup of tea and breakfast with their relative too. They described the staff and management as nothing but responsive and always keen to personalise care and get it right for their relative and them. They said staff gave a sense of having great respect for the person's individual histories and wishes. Their family were looking forward to increasing the hours and wellbeing activities for their relative in the coming months.

Staff were knowledgeable about the people they supported, which enabled them to provide a personalised and responsive service. The provider provided additional information to staff in order to meet people's specific needs. For example, guidance and tips for staff when dealing with people living with dementia, in respect of eating and personal care. This information provided guidance on ways around people declining personal care or support and for example, how to encourage people to maintain levels of cleanliness.

The provider had systems in place to routinely listen to people's experience, concerns and complaints. People told us they had not needed to raise a complaint, but they felt confident addressing any concerns with staff and the provider. People told us they felt listened to and were provided with information if they needed to raise complaints. One person said, "I'm aware of how to make a formal complaint, but I have never had cause to. Any concerns I have raised have been addressed brilliantly by the registered manager." Another person told us, "The registered manager listens to me and will always speak to me if I ring the office."

People told us they were asked for their views and opinions about the service through questionnaires. We looked at the result of these questionnaires and the feedback provided to people in relation to issues raised. The service also wrote to people informing them of any new developments and asking people whether they needed additional support such as achieving their personal goals for 2017. Staff surveys were also conducted with feedback being provided to any issues raised, such as around communication and rotas. Anonymous responses were also encouraged. The service had also sought feedback from health and social care professionals, with few responses. As a result they were looking at other means by which to engage more effectively with professionals, such as sending out individual questionnaires to them.

Is the service well-led?

Our findings

People, relatives, health and social care professionals and staff consistently told us the service was well run and managed by the registered manager and their team. One person told us, "The service user is at the centre of what they do." One health care professional told us they found staff to be very professional and helpful. They found management lines of communication to be appropriate and messages were always passed on in a timely manner. At times, they believed the provider have gone above and beyond their role. Another person said, "I would certainly recommend them. I wouldn't have the freedom with my life without them."

The provider had clear vision and values that were person-centred and that ensured people, including staff were at the heart of the what they did. There was a clear focus on supporting people live independent lives. One person told us, "For me personally, without Katherine Harriet, I would be bedbound and wouldn't be able to work or socialise. They grant me my whole independence. The quality of staff is another thing that sets them apart. They are well trained and professional and have improved the care I receive." Another person said, "My needs and that of my wife are put first."

The registered manager explained to us why they called their staff 'Wellbeing Assistants.' This was because they wanted to reflect the changing times where the 'wellbeing' of a person is just as important as the personal care provided. The told us they believed in a greater emphasis on a person's wellbeing needs and outcomes were part of the overall care and support package they received.

Staff we spoke with were clear about the provider's vision and values and that the registered manager promoted high standards of care and support. Staff told us they felt valued and appreciated. One member of staff said "The management are on the ball, nothing is too much trouble, they will even cover calls." Another member of staff told us, "There is a very good culture here, any concerns we are encouraged to address with a management. We have staff awards, where we get a voucher for ABCD (Above and Beyond the Call of Duty) work." A third member of staff said, "They (management) are very hot on good practice and addressing any errors and poor practice. We have meetings and email communications, which are focused on the best interests of clients."

Staff were very complimentary about the training and personal development they received. As all training was classroom based they felt is delivered a high quality of training, group discussion and reflection. They were also encouraged to obtain nationally recognised qualification in social health care. Staff also told us they were better prepared to provide care with the mobile phone technology the provider used. This enabled staff to access information regarding their client only, with updates, key security codes, maps and addresses. Staff received awards for their contribution to the service and where relevant were nominated for national annual care awards.

The provider promoted an open and inclusive culture within the service. People and relatives told us communication with the provider was good, they felt listened to and that what they said mattered. One person said, "The communication is unbelievable and excellent. I'm always kept informed." One member of

staff said, "They (management) are very supportive with personal issues. They actual listen and you are just not a number."

We looked at links with the community and other agencies. The provider told us they had created they own 'dementia support website' for families living with dementia. The provider told us they had identified how families really struggled with their loved ones being diagnosed with Dementia. A number of relatives lacked a full understanding and had asked the provider what they should do about the future, and a number wanted to know what support was available. The provider was aware that such information was out there in the community, but not readily available. They therefore created their online community scheme to support families of people living with dementia.

The provider told us they supported people to 'Care for Others'. The 'Caring for Others' project has supported people to knit useful items for other people 'in need'. Recently one client was supported by staff to knit hats for an orphanage in Kenya. Another client had made 'Twiddle Mitts' for a other people who used the service. Twiddle Mitt are knitted hand warmer. As this was so successful, the provider has now launched a community project called the 'The Twiddle Mitt Project' to encourage 'elderly' knitters in the community (including their clients) to knit Twiddle Mitts and to donate to people living with Dementia. The provider has been able to secure free donations of wool to progress this project.

The provider told us about the importance of working with other agencies to ensure people were safe. They recently worked with the local Trading Standards Team to train their staff on how to spot the signs of scams, which target the vulnerable and elderly. They had then contacted all their clients and provided information and helped them put up the 'No Cold-Callers' sign on their front doors. Staff have been encouraged monitor and keep an eye out and had recently reported one concern to the local police. As a result, the provided has now included awareness training of 'scams' as part of their Health & Safety training programme for staff. Any concerns identified are in the first instance relayed to the person or their families.

The provider had systems in place to ensure the continual monitoring of the quality of the service provided. Managers completed regular quality checks on areas such as care records, and the management of medicines. Staff practice was monitored by way of 'spot checks' to ensure competence in their roles. One person told us, "They actively monitor their own staff to make sure staff are doing what they are supposed to do." Staff told us the fully supported the scheme of spot checks as a means of ensuring high standards were being observed by staff. Action plans were produced to address any issues that were identified. One example involved training for staff to ensure information was correctly communicated when contacting the ambulance service.