

Larchwood Care Homes (North) Limited

Harmony House

Inspection report

The Bull Ring
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Nuneaton
Warwickshire
CV10 7BG

Tel: 02476320532

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09 December 2019
10 December 2019

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

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

Harmony House is a care home, which provides accommodation, personal and nursing care for up to 57 older people, some of whom are living with complex health conditions or dementia. The home has two floors, with numerous communal lounges, and a dining area. People had their own en-suite bedrooms. There is a communal garden area. At the time of our inspection there were 42 people living at Harmony House.

People's experience of using this service and what we found

People told us they were happy living at Harmony House and described the home as having a happy atmosphere with things to do. Staff demonstrated a kind and caring approach toward people and gave support when needed.

Most risks were well managed, and staff had risk management plans to refer to telling them how to reduce risks of harm or injury to people. However, some risks had not been identified by the provider or registered manager and this posed risks of harm to people.

Staff were trained and offered opportunities to develop their skills and knowledge. However, the provider and registered manager had not ensured staff always had the guidance they needed to use all equipment safely, such as specialist beds.

People had all their prescribed tablet medicines available to them, but staff did not always ensure people had their prescribed topical medicines. Staff did not always follow manufacturer's guidance in how medicines should be given through the skin.

People had choices about drinks and what they ate for their main meals. However, appropriate nutritional snacks were not always made available to meet people's dietary requirements.

The home was well-maintained and good cleanliness reduced risks of cross infection.

Staff understood the importance of giving people choices. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's needs were assessed, and information was used to form plans of care. Work was ongoing to further personalise people's care plans.

There were enough staff on shift to meet people's needs. Improvement had been made to ensure staff consistently worked on one floor of the home so people were cared for and supported by the same staff. Staff were recruited in a safe way.

There were systems in place for people and relatives to give their feedback on the service. The provider's complaints policy was displayed, and concerns were acted on.

Improvements had been made to staff morale and they felt supported by the registered manager.

There were processes to audit the quality and safety of the service. Some issues had been identified as requiring improvements and were acted on. However, some audits, checks and oversight of staff were not robust enough and had not identified where improvements were needed. Intended improvements were not always sustained by staff or embedded in the culture of the home.

Following our inspection feedback, the regional manager and registered manager took some immediate actions to make improvements. This included increased managerial oversight to ensure people were offered appropriate and nutritional snacks.

We reported that the registered provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were:

Regulation 17 Regulated Activities Regulations 2014 – Good governance

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

Rating at the last inspection

The last rating for this service was Requires Improvement (published 4 January 2019). The service has been repeatedly rated Requires Improvement since 2015.

Why we inspected

This was a planned inspection based on the rating of the last inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

Details are in our effective findings below.

Requires Improvement ●

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 consistently well led.

Details can be found in our well led findings below.

Requires Improvement ●

Harmony House

Detailed findings

Background to this inspection

The 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 was planned to check 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.

Inspection Team

One inspector carried out this inspection on 9 December 2019. One inspector and a specialist nurse advisor returned the following day, 10 December 2019, to complete the inspection.

Service and service type

Harmony House is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and the quality and safety of the care provided.

Notice of inspection

The inspection was unannounced on 9 December 2019. We informed the registered manager we would return on 10 December 2019 to complete our inspection.

What we did before the inspection

We reviewed information we had received about the service since our last inspection. This included details about incidents the provider must notify us about, such as serious injury and abuse. We also sought feedback from the local authority and clinical commissioning group. We used all the information to plan our inspection visit.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with nine people and eight relatives. We spent time with people in communal areas, observing interactions and support they received from staff. We spoke with the registered manager, a regional manager, three nurses, seven members of care staff, the activities staff member, the home's chef, an agency chef, two kitchen assistants and the administrator.

We reviewed a range of records. This included a full review of seven people's care plans, risk management plans, multiple medication records, accident and incident records and health and safety checks. We also looked at records relating to the management of the home.

Is the service safe?

Our findings

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

At the last inspection this key question was rated Requires Improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Overall, individual risks had been identified and detailed risk management plans were in place. For example, where people had catheters to drain urine, they had plans of care. A 'catheter passport' had been introduced to record important information about when catheter changes were completed.
- Risks of falls had been identified and management plans were available to tell staff how to reduce risks of injury to people. One person had sustained a recent injury from a fall. Their care plan had been reviewed to give staff updated information about the person's mobility, which staff demonstrated they followed.
- However, where a person chose to smoke cigarettes the risk of potential harm or injury to them had not been identified. The provider had not ensured a risk management plan was in place for this person whose health condition meant they had tremors in their limbs. Following our feedback, immediate action was taken to complete a risk management plan, which included the person being offered a fire-retardant lap cloth, which they accepted.
- Risks of skin damage were assessed and, overall, risks were well managed. Most people who had sore or damaged skin, had detailed wound management plans in place. Photographs had been taken so nurses could monitor for progress or deterioration. Plans of care were reviewed and showed people's skin had improved.
- However, one person told us they had a sore bottom and was worried because staff had not applied their prescribed cream. Records showed this person's cream had not been available since 4 December 2019, and staff had not acted to obtain any in a timely way. We asked a nurse to act on this, which they did, and the cream was made available to the person on 10 December 2019. The nurse informed us the person had previously had damaged skin and their skin had become sore again. The nurse reviewed this person's wound management plan on the day of our inspection so staff had the information they needed to reduce risks of further skin damage.
- Staff did not consistently understand the importance of using equipment in a safe way to minimise potential risks of injury to people. For example, a few people were positioned in their bed in a way that meant their feet were pressed up rigidly against the end of their bed, which posed risks of skin damage and discomfort. We discussed this with the regional manager. They told us this was because staff had not always used specialist mattress position settings correctly; to ensure people had adequate space to stretch out their legs. The regional manager assured us immediate action would be taken to ensure staff understood the settings and guidance was made available for them to refer to in people's bedrooms.
- There was a maintained fire alarm system and staff had completed fire safety training. Whilst drills took place, these were not fire scenario based and the registered manager had not timed 'zone evacuation' to ensure enough staff were on shift to achieve this in the desired time. The registered manager told us future fire drills would include a series of scenario-based timed drills for all staff.

- People had personal emergency evacuation plans (PEEPS) and evacuation equipment was available for staff to use in an emergency.

Using medicines safely

- Overall, people had their prescribed medicines available to them and were supported with these by trained staff. However, during our inspection we identified one person's topical cream was not in stock. Nurses told us there were occasions when items did run out. The registered manager was working to make improvements to ensure such events were not repeated.
- Some people received their medicine through a skin patch. Records for people living on the first floor of the home showed staff followed the manufacturer's instructions. However, a record reviewed for a person living on the ground floor meant we could not be assured they had consistently received the desired pain relief, as intended, from their skin patch because staff had not always followed the manufacturer's instructions. The registered manager agreed there were two missing entries when a new skin patch should have been applied, which meant staff did not have important information they needed. When a patch had been applied, the skin site had not always been given the required 'rest time' in line with the manufacturer's guidance. The registered manager assured us immediate action would be taken to refresh staff's knowledge.
- Some people were prescribed medicines 'when required' and protocols were in place to tell staff when these should be given.

Preventing and controlling infection

- Staff understood the importance of infection prevention and had personal protective equipment available to them. Staff used gloves to reduce risks of spreading infection, for example, when undertaking personal care.
- The home was clean and tidy and odour free. People were satisfied with the levels of cleanliness maintained in the home.

Staffing and recruitment

- There were enough staff on shift to meet people's needs. Staff were very busy, but were able to respond to people's call bells in a timely way.
- The provider's recruitment system ensured staff's suitability to work at the home. New staff spoken with told us checks had been undertaken by the registered manager before they commenced their employment. We did not review any employment records on this inspection because we had no concerns about the provider's recruitment processes.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training from the provider in how to safeguard people from the risk of abuse. They demonstrated an understanding of safeguarding principles and gave us examples of types of abuse and said they would report any concerns to management and 'whistle-blow' to external organisations such as CQC or the local authority if needed.
- The registered manager understood their responsibilities in reporting specific incidents to us, commissioners and the local authority.

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 available evidence.

At the last inspection this key question was rated as Requires improvement. At this inspection we found the rating had remained the same. People's outcomes were not consistently good, and people's feedback confirmed this.

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

- People were offered choices about what they ate and drank. Most people felt the quality of the food was "satisfactory or good". However, a few people felt improvement was needed. One person told us, "It depends on which cook is on, some are better than others."
- People's nutritional needs had been assessed and information was available to tell staff about people's needs. However, people's nutritional needs were not consistently met because staff did not follow guidance provided. On the first day of our inspection, a care staff member told us there was nothing on the drinks and snacks trolley to offer those people who required a soft consistency, diabetic or a fortified (additional calories) diet. We asked the agency chef about this and they told us, "I work here on a regular basis and I've never prepared anything special for snacks, I just send out a bit of cake." The cake was not well-presented and not suitable for everyone's needs.
- On the second day of our inspection visit, we asked a care staff member to make the regional manager aware of the lack of snack contents on the trolley. The regional manager took immediate action to direct the home's new chef, and a well-presented trolley was made available to meet everyone's dietary needs. This included fortified milk to add calories to people's drinks. The registered manager and regional manager assured us clear direction had been given to kitchen and care staff and checks on quality would be maintained.
- Risks of malnutrition had been identified, however, the provider missed opportunities to fortify people's meals. For example, one person with a low weight had a poor appetite and records showed they often ate only four spoons of their meal. There was no guidance to tell staff how they could add calorific value to the person's small portions. The regional manager acted on our inspection feedback to make immediate improvements.

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

- People's weight was monitored by the registered manager and where weight losses were recorded, people had been referred to dieticians as needed. Staff made prescribed supplements available to people.
- People had access to GPs, chiropody, and optician services. The district nurse team visited people for specific identified needs, such as applying compression bandages.
- The registered manager was aware of the best practice guidance set out in the CQC "Smiling Matters" document of June 2019. Whilst people had oral care assessments, they did not have oral health care plans. The registered manager recognised further work was needed to develop these and ensure staff's understanding of good oral care.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had a pre-assessment before moving to live at the home. These assessments were used to formulate care plans.
- During people's initial assessment they were given the opportunity to share information with the provider and staff to ensure there was no discrimination, including in relation to protected characteristics under the Equality Act (2010).

Staff support: induction, training, skills and experience

- Staff received an induction and training, and people and relatives felt staff had the skills they needed to provide effective support.
- Since our last inspection, there had been improvements in the records staff completed. For example, people's food and fluid charts were in date and completed as required.
- However, the registered manager told us there were occasions when staff did not always remember to follow their training or guidance provided. During our inspection, we found examples of this, which meant a high level of managerial oversight was required otherwise there were risks of people's needs not consistently being met.

Ensuring consent to care and treatment in line with law and guidance The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met, which they were.

- People's capacity to make decisions had been assessed and the registered manager understood when 'best interests' meetings would be needed.
- Staff understood the importance of gaining people's consent when performing care tasks and explaining what was happening. For example, before supporting them with personal care.

Adapting service, design, decoration to meet people's needs

- The home was purpose built and met people's needs. There were hand-rails along wide corridors and a lift was available. People could freely access a secure garden area.
- The home was well-maintained and decorated in a style people liked. Improvements to communal areas had been made since our last inspection so people had more choices about where they spent their time. For example, a 'tea room' had been created which people and their relatives used.

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.

At the last inspection this key question was rated as Good. At this inspection we found the rating had remained the same. People were consistently supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported, equality and diversity

- People and their relatives felt staff were kind and caring. One person told us, "Staff are kind, they are not rough with me." Another person told us, "I'm happy enough here, the staff wash and dress me, they bring my breakfast for me, we have things to do. I liked the sing song yesterday and had a lovely cake."
- A few people described "most staff as good but a few staff had a poor attitude toward caring". The registered manager was aware of these concerns which were being investigated.
- We saw examples of positive caring interactions during our inspection visit. Nurses were observed to have a cheerful approach to people, offering reassurance when needed.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was maintained and respected by staff. For example, staff consistently knocked on people's bedroom door before entering and understood the importance of giving privacy when supporting people with personal care.
- Staff gave examples of how they promoted people's independence. One staff member told us, "If a person can do something for themselves, I encourage them to do this before supporting them."
- People's personal information was stored securely to ensure this remained private.

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

- A staff photo board had been completed, which helped relatives identify 'who was who' within the staff-team. Numerous information notice boards had been completed or were 'work in progress' displaying information for people and relatives about the home, such as planned events.
- People told us they could spend time in their bedrooms or one of the numerous communal areas of the home. One person told us, "I am not forced to get up or go to the lounge, staff ask me where I want to be."
- People and their relatives were offered opportunities to attend 'resident and relative' meetings.
- People and their relatives told us they felt involved in decisions about their care. One relative told us, "Staff always update me on how my family member is doing."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection we found the rating had improved to Good. People's needs were consistently met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had individual care plans, which gave staff information about people's needs. The registered manager recognised care plans needed further work to personalise them and told us this was 'work in progress'.
- People told us staff were responsive to their needs. One person told us, "It's satisfactory, when I press my buzzer they do come. It might not be immediate, but then they are seeing to other people as well. I don't wait too long." During our inspection visit, staff responded to call bells in a timely way.
- Improvements had been made so staff supported the same people regularly. The registered manager told us they aimed for the same staff to be based on either the ground or first floor. This gave people consistency in staff supporting them.
- Nurses and care staff remained task focused. Staff felt this was largely due to having new admissions from a local hospital on a regular basis and people's physical health needs being high. Staff were consistently busy and whilst positive interactions between staff and people took place, this was around tasks being completed. Nurses and care staff had very little time to spend focused on social interaction, however, a designated activities staff member spent time with people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Planned activities took place and people were supported by relatives and the activities staff member to take part in these, including arm-chair exercises and sing-a-longs. People and their relatives were satisfied with the level of activities offered.
- People were supported to maintain their own hobbies, such as reading and watching television. One person told us, "I'm happy enough watching my DVDs." Another person told us, "My family take me out, I'm going out for a meal today."
- The activities staff member described how they worked to ensure risks of social isolation were minimised. They told us, "It's only me covering activities on a shift, but I do my best to include people. I always alternate where events are held, using upstairs and downstairs lounges which reduces risks of people missing out. Where people are cared for in their bedrooms, I spend one to one time with them." During our inspection, the activities staff member offered people individual nail care.
- Improvements had been made to meet people's pastoral care needs. During our inspection visit, people attended a visiting church choir event. One person told us, "I really enjoyed the singing." The activities staff member told us, "We have now made links with a local church who are willing to offer a monthly church service for those people wishing to attend. This will start from January 2020."

Meetings people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability.

- There was signage around the home. The home was decorated in a style that promoted a positive living environment and enabled people to find their way about the home.
- People had communication care plans, which gave staff information about, for example, whether a person required equipment such as hearing aids to enhance their communication.

Improving care quality in response to complaints or concerns

- People and their relatives told us they had no current complaints. However, we were given examples of complaints which they had been raised. These issues included concerns about poor care, which the registered manager had recorded, investigated and resolved. Whilst relatives stated they had no complaints, some described a 'small concern' as there being a lack of managerial oversight at weekends. Relatives confirmed to us they felt the registered manager was approachable and they would be able to take such concerns to them.
- The provider had a complaints policy, and this was displayed.

End of life care and support

- The home provided care and support to people who chose to spend their final days at Harmony House.
- People and relatives were given opportunities to share end of life wishes and these were documented.
- The provider had received compliments from bereaved relatives thanking staff for the care and support loved ones had received.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that the service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated Requires Improvement. At this inspection this key question has remained the same. This meant the service was not always well managed and well led. Leaders and the culture they created did not always promote high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with the people when something goes wrong.

- Since our last inspection, the registered manager had worked toward making changes and driving improvements. However, they told us they had hoped to have achieved more and recognised some areas of improvement remained 'work in progress'. The registered manager felt some areas of improvement were 'slow progress' due to having to reiterate their expectations to staff.
- The provider had systems of auditing the safety and quality of the service and undertook regular checks and audits. Some audits, such as infection prevention and control, scored a 'pass' against the provider's checks. However, other audits continued to show improvements were still needed. For example, most medication audits scored a 'fail'. Medication audits undertaken during September, October and November 2019 all identified areas for improvement and whilst issues were acted on, these were not always sustained by staff.
- Where improvements had been made in other areas these were not always sustained or embedded into the culture of the home. For example, the provider's 'dining experience audit' completed in November 2019, had identified improvements were needed. Guidance given to staff included a wet-wipe sachet being made available to people, to freshen their hands before their meal. Whilst staff provided the sachet to people, they did not give the support people needed to use it. The registered manager was aware this meant intended improvements were not consistently followed by staff and described themselves as "constantly working to remind staff of actions to follow".
- The provider's audits on people's plans of care identified some gaps in information and action plans listed these, with timescales for work to be completed. However, some issues we found had not always been identified in audits. For example, there was no risk management plan for a person who smoked cigarettes.
- The provider and registered manager's oversight of the home was not always effective. For example, people's nutritional needs were not always met.
- The provider and registered manager did not always ensure staff had the knowledge they needed. For example, some people had specialist beds and staff did not always know how to operate these in a way that meant risks of skin damage or discomfort were minimised.

The above concerns demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008

(Regulated Activities) Regulations 2014. Good governance.

- The registered manager and regional manager were responsive when we highlighted areas in need of improvement during our inspection. They took immediate actions to address our concerns and assured us learning would be shared across the whole staff team and greater checks would be made. Following our inspection, they sent us an action plan which detailed how improvements were to be driven forward. This included increased oversight from the provider's senior management team.
- Improvements had been made to the management of the service. At our last inspection, staff had felt morale was low following a time of numerous management changes. At this inspection staff told us they felt more settled with the stability of the registered manager. One staff member told us, "We held a party at the home just recently to celebrate the manager being here one year."
- Following an internal restructure, the registered manager had been supported by a new regional manager since May 2019. The registered manager told us, "The new regional manager visits the home weekly and we are working toward improvements."
- The provider understood their regulatory responsibilities. For example, they ensured that the rating from the last Care Quality Commission (CQC) inspection was displayed, and there were systems in place to notify CQC of serious incidents at the home.

Continuous learning and improving care; Working in partnership with others

- Systems were in place to learn from incidents where mistakes were made. For example, accidents and incidents were analysed and actions taken to reduce risks of reoccurrence.
- The provider had missed opportunities to share historical learning with the registered manager, to ensure that risks of harm to people were consistently minimised.
- The registered manager recognised the importance of continuous learning. They attended provider meetings where learning was shared.
- The registered manager had plans to start attending a local hospital quarterly learning event, to update themselves on current guidance practices in preventing skin damage.

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

- People and relatives were given opportunities to give feedback. A feedback survey had recently been distributed during December 2019. The registered manager told us feedback would be analysed and actions taken to make improvements would be shared on a designated "You said, we did" notice board. Relatives had opportunities to leave feedback using an online 'app' called "How did we do?" The registered manager told us they operated an 'open door' policy so relatives could speak with them when needed.
- Staff felt the registered manager was approachable and listened to any concerns they had. Staff attended team meetings and were supported with personal development through individual meetings.

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
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider did not always assess, monitor and mitigate the risks relating to the health, safety and welfare of service users. The provider did not always improve the quality and safety of the services provided.