

Reliance Care Homes Limited

Harmony House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Harmony House is a care home in Salford which is registered with CQC to provide care for a maximum of 12 people. There were 9 people using the service at the time of the inspection.

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

At our last inspection in April 2022 we identified concerns regarding the safe management of medication (particularly storage), infection control procedures relating to COVID-19, the environment and governance systems. We found some of these concerns had now been addressed.

Although we found some improvements had been made, appropriate action had not been taken to ensure the environment was properly maintained. A registered manager had not been in post for over 6 months which is a requirement of the home's registration.

There were enough staff to care for people safely and correct staff recruitment procedures were followed. Staff understood about safeguarding and how to report concerns.

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.

There were systems in place to seek feedback from people living at the home, including the use of satisfaction surveys. Out of hours spot checks were also undertaken and staff supervisions held. Audits were carried out by both the provider and acting home manager.

Rating at last inspection

The last rating for this service was requires improvement (published May 2022) and the provider was in breach of regulations relating to good governance and safe care and treatment. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, not enough improvement had been made and the provider was still in breach of certain regulations.

Why we inspected

We carried out a focused inspection of this service in April 2022. Breaches of regulations 12 and 17 were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements. For those key questions not inspected (Effective, Caring and Responsive) we used the ratings awarded at the last inspection to calculate the overall rating. The overall

rating for the service remains requires improvement. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Harmony House on our website at www.cqc.org.uk.

Recommendations:

We have made a recommendation that the provider continues to monitor the quality of the environment to ensure improvements continue and are sustained.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect. For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are 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 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

Harmony House is registered with CQC as a 'care home' and CQC regulates both the premises and the care provided. Both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection, the home did not have a registered manager in post.

Notice of inspection

This inspection was unannounced and we visited the home on 3 May 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people who used service and 3 relatives about their experience of the care provided. We spoke with 3 members of staff including the acting home manager.

We reviewed a range of records. This included care plans, recruitment information, staff training records and records associated with the provider's quality monitoring systems.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for 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 that people could be harmed.

Assessing risk, safety monitoring and management;

At our last inspection the provider had failed to ensure safe care and treatment as the premises were not well maintained. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regarding safe care and treatment.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- At the last inspection, the premises were not being safely maintained. We looked around the home during the inspection and found certain areas still required further improvement. This included blown windows, torn carpets and damaged flooring which would be difficult to keep clean and could prevent an infection control risk.
- The front car park was still overgrown with weeds as it had been at our last inspection, which presented a poor first impression of the home. People's bedrooms were still very dated and would benefit from modernization throughout.

This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People had a range of risk assessments in place regarding their care which covered areas such as mobility, diabetes, self-neglect, finances, use of alcohol and challenging behaviour. Where any risks were identified, control measures were in place about how to keep people safe.
- Safety checks of the building and equipment were completed, with certificates available of work and servicing undertaken.

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 authorized under the MCA. We checked whether the service was working within the principles of the MCA.

- Correct procedures were in place if people lacked the capacity to make their own decisions which were taken in people's best interest.
- DoLS applications were submitted to the local authority as required if people were assessed as lacking capacity.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Both people living at the home and relatives said they felt the service was safe. One person said, "Yes I do feel safe and there are staff around 24/7. That is what I like about living here." A relative added, "(Person) is very safe and is supported to walk around the home by staff."
- Staff understood about safeguarding and said they had received training. One member of staff said, "If a person was being taken advantage of with their money, that would be financial abuse."
- A safeguarding policy and procedure was in place, explaining what needed to be done if abuse was suspected.
- A log of any safeguarding incidents was maintained and contained details about outcomes and lessons learnt. Accidents and incidents were monitored.

Staffing and recruitment

- There were enough staff employed to care for people safely. Everyone we spoke with including people living at the home, relatives and staff said there were enough to deliver the care people needed. One member of staff said, "I feel there are enough staff and we are never short." Another member of staff said, "Some people need a bit more assistance than others, but we manage to get things done."
- Staff were recruited safely, with all the necessary procedures followed including interviews, seeking references and carrying out DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medication safely which was stored in a locked trolley. At our last inspection, we found medicines were not being stored securely, although found this to have improved.
- MAR were completed accurately by staff when medicines were administered. PRN plans (when required) were in place as needed if people needed medicines to be given in certain circumstances.
- Certain medicines needed to be stored at different temperatures in a fridge and we found regular temperature checks were carried out.
- Relatives and people who used the service said medicines were given safely. One relative said, "Staff take (person) to the GP's and goes there for regular medication reviews."

Preventing and controlling infection

- At our last inspection, we identified a number of infection control concerns regarding PPE, COVID-19 testing and visiting arrangements at the home, although due to changes in government guidance since then, these measures were no longer required.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimize the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.

- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The provider was following government guidance in relation to visiting, and relatives were able to see their family members safely and at times of their choosing.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

At our last inspection the provider had failed to ensure appropriate governance systems were in place. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At our last inspection, the provider had not ensured the environment was well maintained. Although we saw some improvements, the completion date for any work to the building was December 2023, which will be over 18 months since our last inspection.
- Audits were carried out by both the provider and acting home manager and both were aware of the improvements needed to the environment which we have referred to within the safe key question of this report.

We recommend the provider continues to monitor the quality of the environment to ensure improvements continue and are sustained.

- Competency assessments were also carried out of areas such as medication.
- Systems were in place to involve people, relatives and staff in how the service was run, including the use of satisfaction surveys to obtain feedback. Team meetings and staff supervisions were held to gather staff views and monitor performance and development.

Managers and staff being clear about their roles and understanding quality performance, risks and regulatory requirements

- At the time of the inspection, the home did not have a registered manager in post. The last CQC registered manager left their post in August 2021 and we were told at our last inspection an application would be submitted. There is a ratings limiter on the well-led key question for not having a registered manager in post for over 6 months, meaning it can only be rated as Requires Improvement.
- The home was currently being managed by an acting manager, who intended to register with CQC. We liaised with them throughout the inspection and they were cooperative in providing us with the necessary

documentation and listening to any feedback required.

- Statutory notifications were submitted for incidents such as serious injuries and deaths.
- It is a legal requirement for the ratings from the last inspection to be displayed on any websites operated by the provider and at the office location. We saw these were displayed as required on a notice board within the home.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The staff team spoke of a positive culture at the service and said they enjoyed their roles. Staff told us they felt the service was well managed and felt supported by the acting manager. One member of staff said, "The new manager is brilliant and things are starting to improve. A lot of effort is being made and residents seem happier." Another member of staff said, "There is good management and leadership and the manager is good at what they do."
- People achieved good outcomes whilst living at Harmony House and the feedback about the care at the home was positive. One person said, "I have lived here for a long time and it is a nice place. I am well fed and receive good care."
- Relatives also spoke positively about the care provided at the home. One relative said, "Absolutely fine and (person) is lucky to be there. The staff have been very good and they are kind and caring."

Working in partnership with others

- The service worked in partnership with other agencies as required including local authorities and social work teams.
- Prior to our inspection we sought feedback from the home from various health care professionals, all of whom felt they had seen improvements at the home since our last inspection.

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 12 HSCA RA Regulations 2014 Safe care and treatment Appropriate systems were not in place to ensure safe care and treatment, particularly regarding the maintenance of the premises.