

Harmony Supported Living Limited

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Inspection report

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Date of inspection visit:
08 August 2017

Date of publication:
27 September 2017

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

The inspection of Harmony Supported Living Limited took place on 8 August 2017. This was their first inspection since their registration with the Care Quality Commission on 8 February 2016.

Harmony Supported Living Limited provides support to adults with learning disabilities and enduring mental health needs, living in their own homes. On the day of our inspection 11 people were receiving support from Harmony Supported Living Limited.

The service had a registered manager in place. 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.

People felt safe and staff were aware of their responsibilities in keep people safe from harm. Care plans contained person centred risk assessments and the registered manager told the service supported a culture of positive risk taking.

We reviewed three staff files and found robust pre-employment checks had not been completed on one staff member prior to them commencing employment.

Staff supported people to manager their medicines, staff had completed relevant training and an assessment of their competency had been completed to ensure they had the relevant knowledge and skills. We have made a recommendation regarding the safe management of some medicines.

There was a system in place to support new staff learn about their role. Staff completed training and received supervision. The records of supervision detailed the discussions that had been held between staff and the registered manager, although there was no evidence of supervision or recent training for one member of staff who had been recently employed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Support with meals was tailored to meet individual people's needs. Staff supported people to access health care services as required.

People were supported by kind, caring staff who knew them well. Staff encouraged people to learn life skills such as managing their medicines and learning to cook. People's records were stored confidentially to reduce the risk of unauthorised access. People were respected by staff and treated people with dignity and respect.

Staff supported people to access their local community and participate in activities they enjoyed. Each person had a care plan which provided details about their individual support needs, this included their physical and mental health needs. Records were reviewed and updated at regular intervals.

The registered manager and the senior support worker completed regular audits of the service. Where shortfalls were identified action was taken to improve and this was shared with the staff team. Staff meetings were held when information was shared and discussed. Feedback was also gained from people who used the service. The registered provider met with the registered manager and senior support worker to review the quality of the service people received although at the time of the inspection the registered manager did not receive formal feedback from these meetings. There were a range of policies in place but these were not always personalised to the service and implementation and review dates were not recorded.

We have made a recommendation about the submission of statutory notifications.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Robust pre-employment checks had not been completed for one member of staff.

People told us they felt safe.

Risk management was proportionate without negatively impacting on people's activities.

People were supported to manage their medicines safely.

Is the service effective?

Requires Improvement ●

The service was not always effective.

One member of staff had not received supervision and training.

New staff completed a programme of induction.

Staff respected people's right to make their own choices, including the right to make unwise decisions.

People were supported to access relevant health care services.

Is the service caring?

Good ●

The service was caring.

People told us staff were caring and kind.

Staff knew people well.

Staff enabled people to learn life skills to improve their independence.

Is the service responsive?

Good ●

The service was responsive.

Staff supported people to participate in social activities.

Care records were detailed and person centred.

The registered manager had not received any complaints about the service.

Is the service well-led?

Not all aspects of the service were well led.

Policies were not personalised to the service.

Systems of governance had not identified shortfalls with a staff member's recruitment process.

People and staff spoke positively about the management of the service.

There was a system in place to gain feedback from people about the service they received.

Requires Improvement 

Harmony Supported Living Limited

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 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.

This inspection took place on 8 August 2017 and was announced. This visit was to ensure the manager would be available to meet with us. The inspection team consisted of two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience on this occasion had experience of working in health and social care and supporting a person who used health care services.

Prior to our inspection visit we reviewed the service's current registration status and other notifications the registered person is required to tell us about. Notifications are when registered providers send us information about certain changes, events or incidents that occur within the service. We contacted commissioners of the service, the local authority safeguarding team and Healthwatch to ascertain whether they held any information about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information was used to assist with the planning of our inspection and inform our judgements about the service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our visit we spent time looking at three people's care plans, we also looked at three records relating to staff recruitment and training, and various documents relating to the service's quality assurance systems.

We spoke with the registered manager, senior support worker and three support workers. We spoke with three people in their own homes and the expert by experience spoke with one person and one relative on the telephone.

Is the service safe?

Our findings

People told us they felt safe. One person said, "Yes, I feel safe." A relative told us, "Yes, the staff work hard to manage their safety within the setting."

The registered manager, senior support worker and the support workers we spoke with were all clear about what constituted abuse and the actions they should take to reduce the risk of harm to people. One support worker said, "We have to be aware of the risk of other people taking advantage of them. We report any concerns to the manager and the care team." This showed the registered manager and support workers were aware of their responsibilities in relation to safeguarding the people they supported.

There were also systems in place to protect staff from the risk of harm due to lone working. Support workers told us about the steps they took to ensure their personal safety and to reduce the risk of harm to themselves whilst providing support to people in their own homes.

The registered manager told us one of the fundamental principles of the support they provided for people was regarding positive risk taking. They told us, "We are keen for people to explore different things. Each person has a risk management plan and we review that every six months." Each of the care plans we reviewed contained a risk management plan, this recorded individuals risks, for example; smoking, fire, neglect and non-compliance with medication. The plan also noted where people's life experiences may have an impact upon the risks to their welfare and how each risk was to be managed.

The PIR completed by the registered manager prior to the inspection described how risks to one person had been managed in regard to the use of a mobility scooter; 'We encouraged [person] to go out on small journeys with support workers initially until [person] got used to using the scooter and the pavements. When they felt more confident we supported [person] to plan their journey and encouraged them to charge the battery and take their mobile phone'. This demonstrated the management of risk was proportionate without negatively impacting on people's activities.

One member of staff had not been recruited in a safe way as information and documents specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 were not in place.

Two of the recruitment files contained completed application forms, references and Disclosure and Barring Service (DBS) checks had been obtained. DBS checks return information from the Police National Database about any convictions, cautions, warnings or reprimands and help employers make safer recruitment decisions and help to prevent unsuitable people from working with vulnerable groups. However, the file for one staff member, who had commenced employment during 2017, did not contain an application form or references, although we did see evidence of a DBS check. We raised this with the registered manager at the time of the inspection; they were unable to locate these documents. Following the inspection, the registered manager emailed evidence of a completed application form; however, they said they had failed to obtain references prior to the staff member commencing employment. They told us the references had subsequently been requested and they sent us an email with two completed references which evidenced

the staff member's suitability for the role to which they had been employed. Robust pre-employment checks reduce the risk of recruiting staff who may be unsuitable to work with vulnerable adults.

The service employed enough staff to meet people's assessed support needs. People we spoke with did not raise any concerns regarding the number of staff employed by the service. A relative told us, "I think there are enough staff, when [person] is in a bad place they even double up on staff."

The registered manager told us they employed a senior support worker and six support workers, they said staff turnover was low. We saw people's daily records indicated they received support from a regular group of staff. The registered manager told us the hours people were allocated were reviewed on a regular basis to ensure they were suitable for people's needs. They told us how the time of one person's allocated hours had been changed to enable them to participate in an activity of their choice. This showed the service was responsive to people's changing support needs.

We asked staff how shortfalls in staffing were covered. Staff we spoke with, including the senior support worker told us they each supported the service to cover shifts in the event of staff sickness. They said agency staff were not used. This helped to ensure people were supported by staff who knew them well.

People were supported to manage their medicines safely. One person told us, "Staff do my medication on a Sunday for the week, then I take it every day." A relative said, "The mental health nurse comes in to give [person's] injections, staff give [person's] daily medication, there have been lots of issues but not from Harmony. The staff have been supportive in getting them [external health care provider] to listen to me."

Most people who used the service required staff to verbally prompt them to take their prescribed medicines or for staff to ask them if they had remembered to take them. Care plans recorded the support people needed to manage their medicines. For example, one person's care plan detailed staff were responsible for ordering and collecting their medicines. The person was supplied with one week's supply of medicines on a set day of the week which they were then able to manage independently. When we spoke with this person, what they told us reflected the content of their care plan.

We reviewed a medicines administration record (MAR) for one person who staff supported to administer their medicines. We saw each individual sheet recorded the person's name and date of birth. The name of each medicine, including the dose to be administered was also recorded. We saw there were no gaps on the MAR, this indicated the person had received all their medicines appropriately. We saw one person was prescribed two medicines which could be taken 'as needed' (PRN) but there were no protocols as to how or when they should be used. We asked the senior support worker about this and they told us they did not have protocols in place. Having a protocol in place provides guidelines for staff to ensure these medicines are administered in a safe and consistent manner. We recommend the registered manager seek advice and guidance from a reputable source, regarding the safe and effective management of PRN medicines.

The three staff files each evidenced staff had completed training in the safe management of medicines and we saw a recent assessment of their competency had been completed. We were unable to evidence these had been completed at regular intervals as the registered manager told that when competency assessments were redone, the previous one was destroyed. However, staff told us an assessment of their competency was completed on an on-going basis. This meant people were supported with their medicines by staff who had the appropriate knowledge and skills.

Is the service effective?

Our findings

One of the staff we spoke with told us they had received regular support when they commenced employment with Harmony Supported Living. They said they had completed an initial six month probationary period which included completion of training and feedback about what was going well and where further development was needed. Each of the three staff files we reviewed also contained documented evidence that new employees completed an induction programme. The induction covered a range of topics including orientation to the organisation, their role and expected code of conduct. This showed new staff were supported in their role.

Each of the staff we spoke with told us there was an on going programme of training, development, supervision and appraisal, one of the staff we spoke with said, "We refresh our training on a three yearly basis. It is nearly all face to face, with some done on-line." We checked the registered provider's training policy to verify the time frames for refresher training but this was not included in the policy. In two of the staff files we reviewed we saw certificates of completed training in a variety of topics including; safeguarding, health and safety, food hygiene, infection control and lone working. We also saw evidence of regular supervision in two of the staff files we reviewed, each supervision document recorded a two way discussion between the staff member and the registered manager. However, in one of the staff files we saw minimal evidence of training, the certificates that were filed were not recently dated and none had been completed during their employment at Harmony Supported Living. We asked the registered manager about this and they told us they would take action to rectify this. However, following our conversation with this staff member we felt assured they had the knowledge and skills to enable them to meet people's needs.

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. One person told us, "I can come and go and do things I want all the time."

The registered manager, senior support worker and the support staff we spoke with demonstrated a thorough understanding of the MCA and clearly respected people's right to make unwise decisions. Each of the staff we spoke with told us the people they supported had capacity to make day to day decisions about their lives. The registered manager told us that in the event of people becoming unwell, this may temporarily affect their ability to make decisions.

Staff told us they sought verbal consent from people prior to providing care and support and were respectful of people's choices. One staff member said, "They make choices, they make unwise choices. We advise them, but it is their choice." This demonstrated staff respected people's right to make their own choices and decisions.

We saw there had been consent to care and support gained as people had signed various consent forms. Each of the care records we reviewed contained consent documents which had been signed by the person

receiving the service, these included; consent to share information with relevant healthcare professionals, support with medicines management and to support them to manage their own budgets.

One of the people we spoke with told us, "I choose my own food and what I eat, staff go with me to help me shop." A relative said, "Harmony [staff] try to encourage [person] to manage their food intake and make good choices."

Staff told us the level of support people required with meals and drinks varied. This included, support with food shopping and meal preparation. People care records noted the level of support people required. For example, one person's care record noted staff were to support the person to ensure food was stored correctly and cooked and eaten within the appropriate dates on the packaging. This showed staff support was tailored to meet individual needs.

We checked to ensure people were supported to access relevant health care professionals when required. One person told us, "If I need a doctor I just tell them and they call. My [name of relative] go to the hospital appointments with me." A staff member told us they made doctors' appointments for people if they needed support and part of their role was to liaise with other healthcare professionals to share relevant information about peoples support needs. We saw evidence in people's care records of the input of other health care professionals including GP's, social workers and community mental health teams. This showed people using the service received additional support when required for meeting their care and support needs.

Is the service caring?

Our findings

People told us staff were kind. One person said, "Yes, that's ok I like the staff. You ask staff and they do things how you want." Another person told us staff were kind and said, "They offer you so much support." A relative said, "Harmony had tried so hard and gone over and above anything that I have experienced, I can't say enough about the way they have tried to make things works for [person]."

The senior support worker told us "We provide good quality care and the same principles no matter who provides the care and to whoever requires the care." Comments from the support workers we spoke with included; "I am passionate about my role", "I care about people, they are vulnerable people".

The registered manager, senior and support workers we talked to all spoke about the people they supported with empathy, kindness and respect. They clearly knew people well as they were able to tell us about people's preferences, support needs and behaviour characteristics. The registered manager told us staff had to read people's individual care plan records before they provided care to people and we saw a document staff had signed to confirm they had read each person's care plan and risk management plan.

People were supported to develop life skills. This included managing their medicines, budgeting and becoming involved in their local community. One of the people we spoke with told us how they were enabled to manage their money and medicines with the support of staff. A member of staff said, "We teach them basic skills, such as laundry and cooking skills." This enabled people to become more independent and improve their quality of life.

People's records were stored confidentially. We saw people's care and support records were stored in lockable units in the office, reducing the risk of unauthorised access to records. This was confirmed when we spoke with staff. Staff were also able to tell us how they maintained confidentiality, for example, not discussing other people when providing support to a person.

The records we reviewed contained a support agreement, signed by the person in receipt of the care package. This detailed what people could expect to receive from staff, for example, been treated with respect, having their privacy, dignity and confidentiality maintained. This demonstrated the service had standards of behaviour they expected staff to meet.

We saw evidence people and, where appropriate, their families were involved in their care plan. A relative told us a member of staff had contacted them earlier in the week to discuss strategies for encouraging their relative to take a regular bath. They said staff would get in touch with them if they had any queries. This showed people had been consulted about the care and support they received.

Is the service responsive?

Our findings

People were supported as part of their care package to engage in different activities and to interact socially with other people. One person we spoke with said, "I go to play pool, I can go out for a drink, I like to go to Morrison's. You can go for a walk to the town or stay home and play games." A relative said, "[Person] is very difficult to engage with re activities but they keep on encouraging [person] to do things; they try and motivate them as much as they can." The registered provider's PIR recorded 'service users are supported to develop and maintain social networks/contact. We support individuals to budget for activities, build their confidence, and explore opportunities within their own locality and beyond.'

The registered manager told us referrals to access the service came from a variety of sources, including, the local hospital and mental health services. They said they were selective when reviewing prospective people to reduce the risk of conflict with other people who used the service. They also said an initial assessment was completed to assess the person's support needs and to see how the person wanted these needs to be met. They told us they could then decide if they could meet the person's needs and realistically meet their expectations. This helped to reduce the risk of inappropriate placements with the service.

Each of the records we reviewed provided information about the person, where they lived and contact information for relatives, social workers and other relevant health care professionals. Care plans were person centred and detailed the support staff were to provide for the person to maintain their mental and physical health. We saw one of the support plans contained a document which recorded the person's daily routine, for example; the dates staff were to encourage them to take a bath and support them with doing their laundry and cleaning. This helped to ensure staff provided a consistent approach which can be beneficial when maintaining a regular routine is very important to a person. A monthly summary was also completed by staff. This provided a synopsis of people's support needs during the previous month.

The registered manager told us they were implementing a new document to record people's care plan reviews. They showed us one they had recently completed. We saw this new document included feedback from the person about their care, for example, '[Person] stated they preferred smaller groups'. The review document also recorded that the registered manager had discussed with them the possibility of exploring new hobbies for them to participate in. Reviewing records helps in ensuring care records are up to date and reflective of people's current needs so that any necessary actions could be identified at an early stage.

The registered manager told us most people who used the service did not want a copy of their care records kept in their home. We saw people had signed a document to ensure their preferences were recorded. We asked how staff recorded the care and support they provided for people in a timely manner. The registered manager said staff always had access to the office and they came into the office on a daily basis to update people's care records. On the day of the inspection we saw staff come to the office throughout the day to write in people's care and support records and one of the staff we spoke with said, "[Name of person] has their records in their home, but most are here. We just come back to the office (to update records)."

Each of the people we spoke with told us they did not have any complaints about the service they received.

They also said if they were unhappy they would speak to the registered manager. One person said, "If I had a problem I'd tell [name of registered manager]." A relative commented, "No I've never needed to raise any issue with them other than day to day stuff. On any occasions I have needed to phone up they sorted out my issue; this has mainly been about other agencies not Harmony."

The registered manager told us they had not received any complaints about the service they provided to people. The registered provider's PIR recorded 'Complaints will be investigated fully and fairly and will be proportionate and sufficiently thorough. HSL believes that as a provider they will respond promptly, fully and honestly to complaints and apologise when appropriate.' We reviewed the registered providers complaints policy and saw this included the procedure staff were to follow in the event a complaint was received and the timeframes in which they were to respond to concerns. We noted the policy advised complainants that any complaint about the Support Services Manager should be addressed to the CQC however; CQC is not directly responsible for resolving individual complaints for people this is the role of the registered provider. The policy also failed to provide contact information for the relevant local authority or the ombudsman.

Is the service well-led?

Our findings

People who used the service and the relative we spoke with were positive about Harmony Supported Living. A person who used the service said, "[Registered manager] is nice, I like her she sometimes comes and see me and ask me things." They told us they were happy with their support, we asked if there was anything they would change, they said, "Nothing I'm happy here." Another person said, "[Registered manager], she is brilliant." The relative we spoke with said, "We have had such bad previous experiences and have been really lucky to have found Harmony I can't say enough how upset I will be if we can't have them anymore. These are by far the best we have had. [Registered manager] has tried to help as much as possible in every way."

The registered provider is required to have a registered manager as a condition of their registration. There was a registered manager in post on the day of our inspection and therefore this condition of registration was met.

Staff told us they felt supported and the registered manager listened to them and took on-board their feedback. One member of staff said, "If we are unhappy we speak with [name of registered manager]. They are very approachable." Throughout the inspection process the registered manager was open and transparent. They expressed their desire to provide a quality service to people which was continually improving.

The senior support worker told us they completed a regular audit of people's medicines. We saw evidence they had been completed in January, April and May 2016 although they were unable to locate the most recent audit from July 2017. There was also evidence the registered manager completed regular audits of people's care plans. It is important regularly audits and reviews are completed to ensure senior staff and managers are picking up on any shortcomings, identifying any areas for improvement and working to continuously improve the services they provide to people.

The registered manager had a system in place to ensure they had oversight of the service. This included a matrix of when staff were required to update their DBS and provide evidence they had renewed their vehicle insurance, where relevant. They also had a matrix which evidenced when documents in people care records needed to be reviewed and updated, for example, consent forms and care plan reviews. These systems helped the registered manager to ensure the service was meeting its regulatory requirements.

The registered manager and senior support worker both told us the registered provider visited the office on a regular basis to discuss the day to day running of the service. The registered manager told us they did not receive formal feedback, reports or action plans from the registered provider but they showed us the notes they made in their diary to evidence the discussions held at these meetings. Following the inspection the registered manager informed us that the registered provider also kept their own records of the meetings held but they were now compiling a document to add more structure to this process.

The registered manager told us both they and the registered provider were constantly looking at how the service could be developed and improved. They told us the registered provider engaged the support of two

external consultancy services which they were able to access whenever they needed. They said they provided support and guidance in relation to personnel management and regulatory compliance. They also told us they had developed a strong working relationship with community health teams and the local community police officers. This showed the senior management were keen to implement new ideas to ensure the best possible outcomes for people who used the service.

The registered manager told us about a recent specific incident involving a person who used the service. They said that following this incident, they had reviewed procedures pertinent to this incident, including implementing specific documentation for staff to use. When we reviewed staff meeting minutes we saw the minutes dated July 2017 recorded the discussions held regarding the procedure and documentation staff were to use in the event this incident occurred again. This showed where deficiencies were identified; action was taken to improve how the service dealt with the matter.

There were a range of policies available for staff and the registered manager to refer to. We reviewed a random selection and although the content was highly detailed they had not always been personalised to the service. For example, the safeguarding policy had a section, 'Annexe 7' where relevant contact details for the local area could be recorded, but this section was blank. The policies we reviewed had a section for the date of implementation and the date the next review was due, but this had not been completed. Reviewing policies regularly help to ensure they are reflective of current legislation and good practice. The registered manager told us they were aware the policies were not always an accurate reflection of the service they provided and they assured us this was an area they intended to address in the near future.

Staff told us meetings were held on a monthly basis. We saw minutes from regular staff meetings which recorded the names of the staff who attended and apologies from those who were not able to attend. Topics discussed included; training, health and safety and staff rotas, although staff told us there they were free to raise and discuss any subject they wished. Meetings are an important part of a registered manager's responsibility to ensure information is disseminated to staff appropriately and provide staff with an opportunity to share their views about the service provided.

We saw evidence feedback had been gained from people who used the service, staff and health care professionals in 2016 and 2017. We saw a comment from a health care professional; 'It is my opinion that care delivered by your staff has prevented re-admission to hospital.' A person who used the service had commented that they felt rushed by the staff member who supported them. There was a hand written entry which recorded this had been addressed through team discussion and the registered manager also told us this had been addressed through staff supervision. Minutes from the staff meeting dated March 2017 noted the recent survey results had been shared and discussed with the staff team.

Under the Care Quality Commission (Registration) Regulations 2009 registered providers have a duty to submit a statutory notification to the Care Quality Commission (CQC) regarding a range of incidents. Prior to the inspection we saw evidence the registered provider submitted these notifications in a timely manner. During our inspection we did not identify any issues which the registered provider had failed to notify us about, however, as part of our discussions with the registered manager we spoke with them about the range of incidents that are notifiable to the CQC and we recommend they review current guidance to ensure they continue to meet their regulatory requirements.

During this inspection it was clear that people received quality care from staff who knew them well, records were detailed, staff felt supported and the registered manager was eager to ensure the service continually improved. However, as evidenced within this report there were still some areas where improvements were needed, for example, staff recruitment and training. Future inspection will seek to evidence these issues

have been addressed and the service has achieved and sustained a consistent high level of quality and that systems of governance are reflective, transparent and robust.