Harmony Homecare Limited

Harmony Homecare Limited - 164 Birchfield Road East

Inspection report

164 Birchfield Road East
Abington
Northampton
Northamptonshire
NN3 2HF

Tel: 01604711009

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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 inspection took place on 7 and 12 April 2016 and was announced.

Harmony Homecare Limited provides personal care to people who live in their own homes in order for them to maintain their independence. At the time of our inspection the provider confirmed they were providing personal care to 77 people.

There was a registered manager in post. 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.

Staff had an understanding of abuse and the safeguarding procedures that should be followed to report abuse and people had risk assessments in place to enable them to be as independent as possible.

Staffing levels were adequate to meet people's current needs. The staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service. Staff induction training and on-going training was provided to ensure they had the skills, knowledge and support they needed to perform their roles.
People told us that their medicines were administered safely and on time.

Staff were well supported by the registered manager and senior team, and had regular one to one supervisions.

People's consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 were met.

People were able to choose the food and drink they wanted and staff supported people with this, and people were supported to access health appointments when necessary.

Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes. People were involved in their own care planning and were able to contribute to the way in which they were supported.

The service had a complaints procedure in place to ensure that people and their families were able to provide feedback about their care and to help the service make improvements where required.
The people we spoke with knew how to use it.

Quality monitoring systems and processes were used effectively to drive future improvement and identify where action was needed

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.

Staff were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs.

Staff had been safely recruited within the service.

Systems were in place for the safe management of medicines.

Is the service effective?

Good

The service was effective

Staff had suitable training to keep their skills up to date and were supported with supervisions.

People could make choices about their food and drink and were provided with support if required.

People had access to health care professionals to ensure they received effective care or treatment.

Is the service caring?

Good

The service was caring.

People were supported make decisions about their daily care.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

Is the service responsive?

Good

The service was responsive.

Care and support plans were personalised and reflected people's

individual requirements.

People and their relatives were involved in decisions regarding their care and support needs.

There was a complaints system in place and people were aware of this.

Is the service well-led?

Good

The service was well led.

People knew the registered manager and were able to see her when required.

People were asked for, and gave, feedback which was acted on.

Quality monitoring systems were in place and were effective

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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 7 and 12 April 2016 and was announced. The registered manager was given 48 hours' notice of the inspection. We did this because we needed to be sure that the registered manager or someone senior would be available on the day of the inspection to help respond to our questions and to provide us with evidence.

The inspection was carried out by one inspector.

Before the inspection, we reviewed the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We also contacted the Local Authority for any information they held on the service.

We spoke with seven people who used the service, five support workers, the registered manager and the owner of the service.

We reviewed eight people's care records to ensure they were reflective of their needs, six staff files, and other documents relating to the management of the service, including quality audits.

Good

Is the service safe?

Our findings

People told us they felt safe when being supported by staff from the service. One person said, "I feel very safe, they make me feel safe." All of the people we spoke with made similarly positive comments.

All the staff we spoke with had a good understanding of safeguarding, the signs of abuse, and how to report it. One staff member told us, "I would go to my manager and report it. I would speak to the council or police if I felt that my manager wasn't responding, although I have never had to do this." Staff also had a good understanding of whistleblowing procedures and were confident in using them if required. The registered manager was aware of the requirement to notify the Care Quality Commission (CQC) about incidents as required and we saw evidence that they had notified us when needed.

People had risk management plans in place. The people we spoke with were aware of the need for risk assessing and were happy with what was in place to support them. We saw that these assessments were very detailed and covered many areas of risk within a person's care such as medication, moving and handling, health, diet, and environmental risks. The assessments detailed the level of awareness that a person had in a certain area, and guided staff to support them in both a safe and positive manner. They recognised the need for people to be able to do things for themselves where possible and promoted positive risk taking. We saw that all the risk assessments were regularly reviewed and updated by a senior member of the team.

Safe recruitment practices were followed. The staff we spoke with told us that they had undergone a full Disclosure and Barring Service (DBS) check. The staff confirmed that they were not able to start work until these security checks were completed. We saw that the service maintained a record of all staff members DBS checks. We looked at staff recruitment files and found application forms, a record of a formal interview, two valid references and personal identity checks.

The service employed enough staff to cover the shifts required within the service. People told us that their care was never missed, and that staff always showed up to support them as expected. The staff we spoke with all felt that there were enough staff within the service to cover the shifts available. The registered manager said, "We used to use agency staff on occasion, but we don't anymore. We have a list of bank staff that can cover shifts for us, and I can also go out myself and cover a shift." A staff member told us, "I am a bank staff member, so the hours that I work change. If there are shifts to cover during the week then I can take them on." We saw staffing rotas that showed staff mostly attended to the same people for the majority of their visits, which meant people had consistency of staff. The rotas demonstrated that staffing levels were planned and sufficient to meet people's needs.

Medication was administered safely. The people we spoke with told us that they were happy with the support they received with their medication. One person said, "I do need help with medication, the staff do a good job with it, I trust them." We saw Medication Administration Records (MAR records that showed people were supported with medication. These records showed the type, route, frequency and dosage of medication. We saw that all staff had undergone medication training and competency checks to monitor

the quality and safety of the service. The service had a medication policy that all staff were aware of.

Good

Is the service effective?

Our findings

The staff had the knowledge and skills to support people effectively. One person told us, "The staff know me well. They have worked for me for a long time, I wouldn't keep them if they weren't good at their job." Another person said, "The staff are well trained, they know what to do." All the staff we spoke with felt that the training and guidance they received enabled them to work effectively with people.

All staff went through induction training before starting work at the service. One staff member told us, "We did some in house training that covered the mandatory courses like safeguarding, health and safety, and moving and handling. The main office has a hoist and bed that we were able to practice appropriate moving and handling procedures with. This was great because you learn more when you practice with the equipment." All staff members confirmed that they had gone through this training, followed by shadowing more experienced staff on shifts. We saw training certificates within staff files as well as competency worksheets to show that they had understood the training they had received. We saw that all staff had undertaken the Care certificate qualification. The ongoing training of staff was monitored, kept up to date, and recorded within a training matrix that was maintained by a training officer.

Staff members received supervision from more senior staff. The staff we spoke with confirmed that they were given the opportunity to talk about their work and review progress. Staff also told us that supervisions sometimes took place in the form of a spot check during their work from a senior member of staff. All the staff felt that their supervisions were useful and helped them develop in their role. We saw records of these supervisions and spot checks, and that various topics had been discussed

The staff we spoke with all had an understanding of Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). The service was not currently supporting anyone with a DoLS in place. We saw that staff had completed MCA training and that the registered manager knew when capacity assessments and best interest decisions were required. We saw that several people had capacity assessments to ensure their level of understanding in specific subjects and decisions. We checked whether the service was working within the principles of the MCA. 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 gained consent from people before carrying out any care tasks. One person told us, "Yes they always ask me first. They talk to me." All the people we spoke with made similar positive comments. We saw that people had various signed consent forms within their files to show that they gave permission for staff to carry out certain care tasks.

People were supported and encouraged to maintain a healthy and balanced diet. People told us that they were mostly able to prepare food themselves, but sometimes staff helped out. Staff confirmed that they would help some people prepare food, but would always promote healthy choices to people. We saw that

information about people's likes, dislikes and requirements around food was displayed within their files.

People could have support to access healthcare services. All of the people we spoke with told us that family members usually supported them to health appointments, but the staff could help them if they needed to. The staff we spoke with confirmed that most people had family members to support them attend appointments, but they also helped people at times. We saw that people had information within their files that detailed their medical needs and a record of support they had been given.

Good

Is the service caring?

Our findings

People told us they felt cared for by staff, one person told us, "They are so friendly and caring." Another person told us, "I know them all by first name, we get on really well, they are good people." Another person said, "They are lovely girls, I like them all very much." The staff we spoke with all felt that they were able to develop positive caring relationships with the people they supported.

People's preferences, likes and dislikes were recognised and respected. One staff member told us, "The care plans are very well written, which is a good basis for us to give good care and understand what people like." We saw that care plans contained personalised information about people that conveyed their preferences and had information about a person's personal history, values and beliefs. We saw one example of a care plan with information about a person's anxieties and how to support them to manage those anxieties. This information enabled staff to be well informed about the people they were supporting and develop positive relationships.

People were involved in their own care planning. One person told us, "Yes I am involved. I get to review my support and care plan." All the people we spoke with told us that they had the opportunity to speak with the staff and the registered manager about their care and support, and they felt their views were listened to and taken in to consideration. We looked at people's records and saw evidence to show they were involved in decision making processes, and that their care was reviewed regularly by the service.

People's privacy and dignity was respected. One person told us, "The staff absolutely respect my privacy and dignity." All the staff we spoke with told us that they considered respecting a person's privacy and dignity a priority; and that they had received training in this area as well. We saw records that showed us staff had received this training.

People were supported to be as independent as possible. We saw that people had a section within their care plans named 'What I can do myself.' This outlined all the things that a person was able to wholly or partly do themselves, and encouraged staff to recognise and promote this to enable people to stay as independent as possible.

We were told that advocacy services were available should people require them. At the time of our inspection, no one was using the services of an advocate.

Good

Is the service responsive?

Our findings

People's needs were assessed before receiving care from the service, and then reviewed and updated regularly. All the people we spoke with told us that they met with the registered manager when they first started using the service, and that an initial assessment had taken place. Everyone we spoke with told us they were happy that the staff understood their needs. The registered manager explained the assessment process for new people as an initial visit where a care assessment would be carried out, followed by a three month review to see how people were getting on. Reviews are then held six monthly after that point. The registered manager also told us that they would consider which carer would suit each person, and change the carer should a person decide they are not suited to them.

People received care that was personalised to their needs. All the people we spoke with felt that the staff knew them well and knew how to support them. We saw that people's care plans were centred around them and their preferences were recorded. We saw that people had their care plans and risk assessments regularly reviewed and updated by staff and management, and that changes were introduced as required.

People were encouraged and supported to develop and maintain relationships with people that matter to them. The people we spoke with told us that their family members were kept informed and involved in their care if they wished them to be. The staff we spoke with understood the importance of building relationships with a person's family, as well as respecting a person's right to privacy. One staff member told us, "I regularly chat with [person's name] family member. It's important to build trust with everyone as it makes a difference to people when their family are happy with everything."

People had the time they needed to receive care in a person-centred way. People told us that the staff that cared for them did so without rushing, and felt that their visits were the right length of time to get things done. The staff we spoke with told us they felt they had enough time on each visit to carry out the care that was required.

People received planned care when and where they needed it. The people we spoke with told us that their visits were never missed, and they would receive a phone call to let them know if someone was going to be late. People told us that they usually saw the same members of staff, although when shifts were being covered, they would be informed that someone else is coming.

A complaints procedure was in place and people knew how to use it. Everyone we spoke with told us that they had not had to make a complaint, but knew how to and would do so if required. People told us that they had the contact numbers of the management team and had been encouraged to get in touch if needed. The registered manager showed us that the service had a complaints policy and procedure for dealing with complaints effectively. We saw that actions and responses could be created and carried out for any complaints made.

Good

Is the service well-led?

Our findings

People told us that they found the registered manager, and the whole management team to be friendly and approachable. One person told us, "I have met with the management. They are a family business and they are very friendly." A staff member told us, "This is a much better service to work for than previous places I have been employed. The management are really good." Another staff member told us, "I go in to the office to get my rotas, it's a friendly place. They have a flexible approach with staff which is great because I study so I need to fit my work in around that." We observed that the registered manager was very knowledgeable about the staff and the people that were being supported, and would go out on care visits herself when required.

All the staff that we spoke with said they felt valued and supported in their roles. We saw that staff meetings had taken place where various topics had been discussed such as care planning, general procedures, and client information. We saw minutes from these meetings which confirmed they had taken place.

We saw that the service had a staff structure that included the owner, registered manager, training and administration officers, and carers. All the staff we spoke with were aware of their responsibilities as well as the visions and values of the service.

Incidents and accidents were reported accurately by staff. We saw forms that showed detailed information and actions created which the manager had reviewed. The registered manager was aware of their responsibility to report certain incidents, such as alleged abuse or serious injuries, to the Care Quality Commission (CQC). We saw records that these notifications had been made where necessary.

Staff members were encouraged to gain skill and knowledge through training opportunities. We saw that the registered manager had sent information out to staff members to offer training courses that may be of interest. The registered manager also sent out information to staff members about general service updates, which staff members were asked to sign and return for confirmation.

We saw that quality control had been implemented. The people we spoke with told us that they had received questionnaires on the service that asked them their opinion on the care they received, and asked to comment if desired. The registered manager informed us that the service had quality assurance systems in place that were used to monitor and improve the quality of the care provided. We saw that audits had regularly taken place and that systems and paperwork were monitored on a regular basis.