

# Harmony Care Homes (2003) Limited

## Highgate Road

### Inspection report

91 Highgate Road  
Walsall  
West Midlands  
WS1 3JA

Tel: 01922474336

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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 10 October 2018 and was unannounced. At our last inspection on 12 July 2017, we rated the service as 'requires improvement'. At this inspection, we found improvements had been made and the service is now rated as 'good'.

Highgate Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Highgate Road accommodates up to six people in one large house. At the time of inspection, five people were living at the home.

The service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager in post. A registered manager is a person who has registered with the CQC 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.

Staffing levels were sufficient to meet people's needs and roles and responsibilities had been re-organised since the last inspection to ensure that staff could spend more time with people. People looked happy and comfortable in the home and they had access to the right equipment to keep them safe.

Staff knew how to report concerns and had good knowledge of risk assessments to ensure their practice kept people safe. Medication was managed well by staff to ensure that people received the correct medication at the right time.

Staff received sufficient training to enable them to support people effectively and the service worked well with health care professionals to ensure that expert advice was obtained and followed on a day to day basis. People had access to health services when required.

People were supported to eat and drink well by providing food in line with individual preferences and people were supported to eat in their preferred way.

People were treated with kindness and respect by staff and were supported to express their views through different communication methods which were well known by staff. Staff enjoyed working with people and were motivated to provide a high quality service.

People were supported to keep in contact with families and others that were important to them.

People had the opportunity to take part in activities and holidays that they enjoyed and their individual needs and preferences were assessed carefully and met by the staff team. People had access to cultural and religious activities that were important to them.

There was a registered manager in post who was respected by staff and who knew people and the service well. A range of audits and spot checks were carried out to ensure quality was monitored and actions were taken to improve performance.

The service worked well in partnership with other agencies to provide people access to local services and opportunities in line with Registering the Right Support.

## 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.

The provider had effective systems in place to assess risk and make plans to protect people from the risk of harm.

People's needs were met by sufficient staff on duty.

People were supported to take their medication when required.

Staff knew how to report concerns.

### Is the service effective?

Good ●

The service was effective.

People's needs were met by well trained and skilled staff.

People's health needs were met and promoted.

People were supported to eat and drink to promote their nutritional needs.

### Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect.

People were assisted to keep in touch with friends and families.

People were supported to make choices through different methods of communication.

### Is the service responsive?

Good ●

The service was responsive.

People were supported by staff that knew them well.

People's individual needs and preferences had been assessed

and promoted.

People had access to a range of activities in the local community

**Is the service well-led?**

**Good** ●

The service was well led.

The service had strong links with other agencies and the local community.

The provider had systems in place to monitor the quality of the service and improve it.

Relatives and staff were positive about the overall service.

# Highgate Road

## **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 10 October 2018 and was unannounced. The membership of the inspection team comprised of two inspectors.

When planning our inspection, we looked at information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. 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. We also contacted the local authority who purchases the care on behalf of people to ask them for information about the service.

During our inspection we met with most of the people living at Highgate Road. People living in the home have learning and physical disabilities with additional complex health needs. Most people were not able to tell us what they thought of living at the home, therefore we used different methods to gather experiences of what it was like to live at the home. For example, we saw how staff supported people throughout the inspection to help us understand peoples' experiences of living at the home. As part of our observations we used the Short Observational Tool for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not talk with us.

We spoke with the registered manager and five staff. We spoke with one relative and two healthcare professionals by telephone. We looked at a range of records. This included three people's care plans, two people's medicine records, two staff recruitment records and quality assurance systems that were in place.

# Is the service safe?

## Our findings

At our last inspection in July 2017, we rated this key question as 'requires improvement' because staffing levels were not sufficient to respond to people's needs. At this inspection, we found improvements had been made and this key question is now rated 'good'.

We saw that there were sufficient staff to support people's needs. The registered manager had recently introduced a new structure to staff duties and responsibilities which included one staff member on each shift being allocated to cook and clean. We saw that this allowed the other staff on duty time to talk to people, take them out and engage them in activities. One relative told us, "There is a high number of staff looking after [person's name]. I wouldn't want them anywhere else". One member of staff told us, "It's much better now that one person does the cooking and cleaning; this gives us more time to spend with the service users and we can go out more and spend all day out if we want to."

We saw that people looked happy to be living at the home and were comfortable with the staff that were supporting them. There were processes and equipment in place to keep people safe, such as regular checks of fire safety equipment and hoists to help staff move people safely. One member of staff told us, "I think people are safe here. We have a lift and other equipment in place to help people".

Staff we spoke to had a good knowledge of how to protect people from abuse and how they would report concerns. One member of staff told us, "The policy here is to speak to [registered manager's name] if we are concerned, or we can speak to the operations manager or CQC."

People were safe because staff knew the risks that people had been assessed for and the plans that were in place to manage these risks. For example, staff were able to explain the measures that were in place to respond to one person's epilepsy. This included a sensor mat which was placed on the person's bed which would monitor their movements at night and alert staff to possible seizures. One member of staff told us, "[Person's name] usually has seizures in bed but we have a mattress sensor and a monitor. We can usually tell due to his breathing".

We looked at care files which contained detailed risk assessments relevant to each person and these had been reviewed to reflect any changes in people's needs. We saw staff carry out guidance that was recorded on these risk assessments to keep people safe. One health care professional told us about one person being at risk from choking. They said, "I did use to see [person's name] eating alone originally as this is what they wanted and I was worried, but the staff sit with him now." We saw that this person was accompanied at lunchtime during our inspection.

The provider followed a recruitment policy which made sure that staff working at the home were suitable. We looked at two staff files which contained the relevant documentation including identification and pre employment checks which had been obtained before they started work.

People received the correct medicines and there were good systems in place for the safe storage and

handling of medication. We looked at MAR (medication administration records) which showed that people had been given their medication on time and doses were not missed. One person was receiving 'covert medication' as they found change difficult and were reluctant to take new tablets. This had been agreed as being the person's best interests in discussion with the GP, pharmacist and staff.

We saw that people's medication was stored safely and that staff checked the temperatures in the medication fridge and treatment room where medication was stored. We saw that staff received training before being allowed to give medication and the registered manager completed regular competency checks to ensure staff were giving medication safely.

People were protected from the risk of infection control. We saw that the house was clean and tidy and that staff had access to personal protective equipment and cleaning materials that helped them reduce the risk of infection.

The registered manager completed records to monitor any accidents and incidents and to look for any trends which may indicate a change or deterioration in people's abilities, or actions that needed to be taken to reduce the likelihood of events happening again. For example, one person's care plan had been amended following a near miss choking incident and staff had been informed of these changes via a staff meeting.



# Is the service effective?

## Our findings

At our last inspection in July 2017, we rated this key question as 'requires improvement' because the recording of support given following advice from health care professionals was not consistent and staff had not received training in non-verbal communication. At this inspection, we found improvements had been made in all of these areas and this key question is now rated 'good'.

People were supported by well trained staff who were skilled in their approach to their work. A range of training courses had been completed by staff, including courses on non-verbal communication, safer swallowing, epilepsy and food hygiene since our last inspection and completion rates were high. Staff told us that training had improved their knowledge of how to support people and we observed staff picking up on people's body language and sounds and responding to these. One staff member told us, "I think we get enough training; specialist teams come in and show us how all the new equipment works."

Staff training was supported by observations that were carried out by the registered manager who then gave feedback to staff so that they could improve their performance. One member of staff told us, "I had a probationary period when I first came here and I was observed for a while and I also did some shadowing which was very helpful."

We saw that staff were following the advice of health care professionals to ensure that people received effective care. For example, one person's weight had been monitored following advice from a health care professional and records showed the person had been weighed weekly in line with this advice. A health care professional told us, "I would say [person's name] has put weight on – they look much more healthy now." Another health care professional told us, "The staff team always make appropriate referrals and communicate well via telephone and email. If we ask, staff do make appointments or refer to other services as required".

We saw that people's health needs were met and promoted. Due to people's conditions, they had regular appointments at the GP and at hospital and they were always supported by staff from the home. People had an up to date 'hospital passport' which recorded their healthcare history and preferred communication methods to make sure their needs were known by hospital staff.

People were referred to health professionals when required to ensure they received prompt assistance. One healthcare professional told us, "They have recently asked for a re-assessment and this was very pro-active." One relative told us, "They pick up on health issues really quickly; they noticed [person's name] was doing a little bit of juddering and they have taken to him to the GP already. It was really good".

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. We saw that best interests decisions were made in partnership with relevant professionals and

relatives. For example, the registered manager had consulted with staff and relatives before booking holiday to Blackpool for one person.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met.

The registered manager told us and records showed that some people currently living in the home had once had a DoLS granted but all had now expired. The registered manager had submitted new applications in all required cases and was awaiting a response from the relevant local authority. These applications had been informed by clear assessments of people's capacity.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and the policies and systems in the service support this practice. People's consent was obtained before care and support was given. We saw staff involve people where possible in making some decisions and choices about everyday life such as food choices and activities. Staff we spoke with demonstrated a good understanding of the MCA. One member of staff told us, "I know [person's name] has capacity to give consent so we ask him. Some of the others give consent by opening their mouth or using other signals but we use best interests meetings for bigger decisions."

People were supported to eat and drink enough to support their wellbeing. We observed food and drink was prepared and given to people in a very individual way in line with the care plans and preferences. One member of staff told us, "We will speak to the cook if we notice people aren't eating the food. We get people's views by watching their reactions". One relative told us, "[Person's name]'s weight is fine – he loves the West Indian food they get for him. They buy the stuff he likes".

People's needs were met by the layout of the premises. Rooms were large so that people could move around easily in their wheelchairs and there was a range of spaces for people to sit so that they could choose where to sit and who with. We saw that bedrooms were personalised in line with people's interests and contained equipment that supported their needs, such as sensory lighting and specialist beds. One person told us how he had chosen the colours for his bedroom when it was painted recently.

## Is the service caring?

### Our findings

At our last inspection in July 2017, we rated this question as 'good'. At this inspection, this rating remains unchanged.

We saw that staff treated people with kindness and compassion during our inspection. A relative we spoke with told us, "The carers do all of the work and I've never had any worries." Staff enjoyed working with the people in the home and were motivated to make sure people received high standards of care. One member of staff told us, "I really like working here. There are only five service users so we can build a really good rapport with people".

We saw that people living in the home were not all able to verbally express their views and be involved in decisions about their care. We observed staff using other communication methods to ensure people's views were respected. For example, one member of staff told us, "[Person's name] makes a particular noise if they are happy and will put their hand up when they have had enough to eat." Care files contained communication passports which detailed how people used body language to communicate. This enabled staff to have a shared and consistent understanding of how they were communicating with people.

People were supported to maintain contact with relatives and people that were important to them. We saw that one person used social media to have contact with his parents twice a week which they very much enjoyed. One relative told us about how staff supported people to celebrate special occasions. They told us, "The staff go out of their way for [person's name]'s birthday and we all go up for a big party."

We saw that people and relatives were involved in developing care plans that were personalised and contained detailed information about how staff could support their needs. We saw that these plans were put into place during the inspection. For example, we saw people being supported at lunchtime in different rooms in line with people's preferences and that some people were left to lie in bed if they so wished. This also meant that where people could do things for themselves, they were supported to do so which promoted their independence.

Staff we spoke with all knew the importance of respecting people's privacy and dignity. The registered manager had recently appointed a Dignity Champion whose role it is to promote best practice and act as a role model for other staff. The registered manager told us, "I felt this was something we needed to improve on and it's much better now. We do try and bring issues around respect and dignity to team meetings". This was a fairly new development so the impact of this role could not yet be seen at this inspection.

# Is the service responsive?

## Our findings

At our last inspection in July 2017, we rated this question as 'good'. At this inspection, this rating remains unchanged.

People were supported by staff that knew them well and were responsive to their needs. We saw that one person's bedroom had been arranged to meet their preferred sleeping routine with a lowered bed and floor mats so that they could move freely during the night.

Staff we spoke with told us in detail about people's likes and dislikes and these were reflected in people's care plans and activity plans. People had had the opportunity to go on holidays in recent months and more were planned for later this year. Other regular activities included people attending college, visiting a day centre which was run by the provider and helping out in a local community garden. One relative told us, "They take [person's name] away for a long weekend which is really good. [Person's name] loves being on their own with the staff".

The home had no transport of its own so people relied on taxis and public transport to get out into the community. Staff expressed concern about the cost of using taxis for people and we spoke with the registered manager about this, who confirmed that the provider was planning to purchase or share a minibus for the home next year.

Staff were aware of the individual wishes of people living at the home that related to their culture and faith and these were taken into account in the planning of daily living. One person told us that specific food was provided for them in line with their religion and that they were supported to attend their place of worship every Friday.

Staff communicated effectively as a team to make sure everyone knew when people's needs changed so that support was delivered consistently. One health care professional was visiting the home during the inspection and asked the registered manager to update one person's care plan as a result of their visit. We saw that this had been updated on the day and the registered manager had spoken with all staff about the change and also recorded it in the staff communication book.

The registered manager ensured that people's care plans were reviewed when required and relatives and professionals were involved in this process. One relative told us, "I go to the annual review once a year; I'm really happy."

The provider had a complaints policy and relatives knew how to complain. All the relatives and the health care professional we spoke with had no recent concerns or complaints about how the home was run. One relative told us, "If I have ever had any concerns, I have always called [registered manager's name] and its sorted straight away." Records showed there had been four complaints in the past 12 months and all of these had been responded to promptly and thoroughly.

## Is the service well-led?

### Our findings

At the last inspection in July 2017, we rated this key question as 'requires improvement'. This was because some care plans had not been reflective of day to day practice and the provider had not notified CQC of all incidents as they are required to do so by law. At this inspection, we found improvements had been made in these areas so this key question is now rated 'good.'

We saw that care plans were updated whenever people's needs changed and this was communicated quickly to staff to ensure day to day practice was in line with these changes. People's care and support was delivered in line with their plans and records showed that the registered manager had an effective system to ensure that CQC were notified of all incidents as required.

There was a registered manager in post. A registered manager is a person who has registered with the CQC 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 and people we spoke with were positive about how the registered manager led the service. We saw that the registered manager was visible during the inspection and that they had a good relationship with people living at the home. A relative told us, "[Registered manager's name] is a good manager. They go above and beyond for the people living there". One member of staff told us, "The home is running much better now; the rotas are always fully staffed and cleanliness is a lot better."

The registered manager carried out a range of audits and checks to ensure that the home was well run and action could be taken to address any gaps in practice. For example, medication records and stocks in the home were checked on a weekly basis. The registered manager had also completed weekly reports on the running of the home which were sent to the provider so that the operations manager was up to date and aware of any concerns. Records showed that spot checks had been completed on a regular basis, including during the night, to monitor staff practice.

The registered manager and provider had created a positive and professional culture within the home and have led by example in going over and above to ensure people had access to the best possible opportunities. For example, staff had recently completed long distance runs and a sky dive to raise money for a new sensory room in the home.

The registered manager and the staff team kept themselves up to date by attending local events such as an infection control workshop at the local council and a 'Safer Swallowing' training course run by local health care professionals. One health care professional told us, "I have had requests from the manager for training and find that arrangements are always made for staff to attend as a priority." The home had also engaged with a range of local partners to create opportunities for people to feel part of the community in line with Registering the Right Support, including local colleges, community centres and places of worship.

Families and relatives were encouraged to give their feedback through the use of questionnaires and a regular newsletter was sent out to keep them informed of what was going on in the home. The latest newsletter included a summary of the most recent questionnaire and what actions the provider had taken in response to queries and concerns raised; these actions were also put into an action plan for the registered manager to complete.

Registered providers are required by law to display the ratings awarded to each service on their website and in the home. We confirmed that the rating for Highgate Road was on display in both of these places. Showing this rating demonstrates an open and transparent culture and helps people to know the rating of the service they are using.