

Pathways Care Group Limited

Harmony House

Inspection report

Cuthbert Street
Hebburn
Tyne and Wear
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Tel: 01914835588

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

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

About the service

Harmony House is a care home providing personal care to 33 people aged under and over 65 years. One part of the service provides care to 22 people with mental health needs and another part of the service provides care to 11 people with learning disabilities or associated conditions. The service can support up to 37 people.

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

The service applied the full range of principles and values of Registering the Right Support and other best practice guidance apart from with regard to the size of accommodation. This was because 11 people lived in together in one part of the service, which was larger than current best practice. This ensured people who used the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. People received planned and co-ordinated individual support that was appropriate for them.

The home was a large, three storey building. Areas of the building were showing signs of wear and tear. Most risks to people's safety including any environmental risks were well-managed. Where improvements to manage any risk and the environment were identified at inspection, the provider sent an action plan immediately after the inspection with planned dates for action.

We have made a recommendation that people's personal evacuation plans should be more regularly reviewed. This is in case people's needs had changed and the building needed to be evacuated in an emergency.

Staff supported people to ensure they received care that helped them develop. Staff received training and support to help them carry out their role. People said they felt safe and were very positive about the care provided. Staff knew the people they were supporting very well. Detailed care plans were in place that documented how people wished to be supported. Staff had developed good relationships with people, were caring in their approach and treated people with respect.

Arrangements for managing people's medicines were safe. People enjoyed their meals and their dietary needs had been catered for. There were opportunities for people to follow their interests and hobbies. They were supported to be part of the local community.

Information was accessible to involve people in decision making about their lives. 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.

Regular audits and checks were carried out. There were opportunities for people, relatives and staff to give their views about the service. Processes were in place to manage and respond to complaints and concerns.

People and staff were positive about the management of the service and felt valued and respected.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection

The last rating for this service was good (published 9 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

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 Care Act 2014.

Inspection team

One inspector and an Expert-by-Experience carried out the inspection. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

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

Notice of inspection

This inspection was unannounced.

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 and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 10 people who used the service about their experience of the care provided. We spoke with

eleven members of staff including the registered manager, two deputy managers, one senior support worker, five support workers, the chef, the activities co-ordinator and a visiting health care professional. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and three medicines records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. 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

- Risks were managed and risk assessments were in place. Risk assessments included any risks related to people's health and support needs.
- Risk assessments were reviewed to ensure they reflected people's changing needs.

We recommend that a more regular review of personal evacuation plans should take place, in case people's needs changed and the building needed to be evacuated in an emergency.

- Systems were in place for the maintenance of the building with regular safety checks carried out. However, there were areas where improvements were needed. This included updating the fire risk assessment and the mechanical vent-axias in some bathrooms were not operating. We received an action plan straight after the inspection to show this was being addressed.

Preventing and controlling infection

- There was generally a good standard of hygiene, however some areas of the premises required improvement. The registered manager informed us a programme of refurbishment was taking place but some areas required more immediate action. This included a more regular environmental audit of the premises to check they were equipped appropriately. We received an action plan after the inspection to show the timescale for improvement.
- Staff had received training in infection control practices and personal protective equipment such as gloves and aprons was provided for them.

Systems and processes to safeguard people from the risk of abuse

- People were cared for safely. They said they were safe living at the home. One person said, "I'm quite safe here."
- The registered manager was aware of their duty to keep people safe and raise or report any safeguarding incidents. A safeguarding log was in place that evidenced safeguarding incidents and showed the action taken as the result of any safeguarding alerts.
- Staff had a good understanding of safeguarding. They had received safeguarding training and had access to a whistle blowing policy which detailed how to report any concerns.

Using medicines safely

- People were supported with their medicines safely.

- Staff did not administer medicines until they had been trained to do so.
- Systems were in place for the ordering, storage, administration and disposal of medicines.

Learning lessons when things go wrong

- A system was in place to record and monitor incidents to ensure people were supported safely.
- Any incidents were analysed to identify trends and patterns to reduce the likelihood of their re-occurrence.
- Safety issues were discussed at meetings to raise staff awareness of complying with standards and safe working practices.

Staffing and recruitment

- There were enough staff deployed to support people. Staffing levels were determined by the number of people using the service and their needs.
- The provider helped ensure people received support in the event of an emergency. An on-call system operated out-of-hours and managers were able to be contacted should staff require advice or support.
- Systems were in place to ensure only suitable people were employed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- The registered manager had submitted DoLS authorisations appropriately. When authorised these were monitored and reviewed.
- Staff ensured people were involved in decisions about their care. They knew what they needed to do to make sure decisions were made in people's best interests.

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

- Areas of the building were showing signs of wear and tear, we discussed this with the registered manager and received an action plan with planned dates for completion of the work straight after the inspection.
- People's bedrooms were personalised. They had belongings that reflected their interests.

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

- People's care and treatment was provided in line with law and guidance. Before people received care, their needs were assessed to check that they could be met.
- Detailed assessments were carried out to identify people's support needs. They included information about their medical conditions, dietary requirements and other aspects of their daily lives. There was a system of evaluation and review to ensure care continued to meet people's needs.

Staff support: induction, training, skills and experience

- Staff received training, including any specialist training, to ensure people were supported safely and their needs were met. One staff member told us, "I'm the lead for training and encourage staff to make sure training is up-to-date" and "We get loads of training."
- Staff completed an induction programme at the start of their employment, which included the Care Certificate. New staff shadowed experienced staff until they, and management were satisfied they were competent.
- Staff received supervision and appraisal and had opportunities for personal development and career progression. A staff member said, "I do feel supported, there are 100 % opportunities for progression."

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

- There was a wide range of food available. Nutrition care plans were in place and these identified requirements such as the need for a modified diet.
- Some people were responsible for their own menu planning, food shopping and cooking their food. They were supported by staff where required. One person told us, "They try to encourage independence we cook our own tea."

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

- There were care plans in place to promote and support people's health and well-being.
- Where people required support from healthcare professionals this was arranged and staff followed guidance provided. A visiting professional commented, "Staff are very good, they will use distraction techniques, if someone gets upset. Communication is good, they will keep us up-to-date."
- Access to regular health services, such as GPs, chiropody and opticians was well-documented.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- All people were very positive about staff support. One person told us, "I've settled well here, staff are very kind" and "Staff are magic, they're great." Staff were very friendly and had plenty time for people and listened to them. They were around and never too busy for people.
- Staff communicated with people in a caring way. They worked with people investing time in ensuring they were given the right level of support and to decrease any behaviours that could be considered challenging.
- Records contained information of people's likes, dislikes and preferences and staff had a very good understanding of this information. People were supported to follow their faith, sexuality and live their lives the way they wanted to.

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

- People were supported to express their views so that staff understood their preferences, wishes and choices. People were directed to sources of advice and support or advocacy.
- People who may need support with decision making were encouraged to make choices about their day-to-day lives. Staff used pictures and signs for some people to help them make choices and express their views.
- People were supported to get involved in the running of the service. For example, they selected menus and leisure activities. A person was responsible for arranging meetings in the home with people and to collect their feedback.

Respecting and promoting people's privacy, dignity and independence

- Support plans were written in a person-centred way, outlining for the staff how to provide individually tailored care and support, that respected people's privacy and dignity.
- Staff supported people to be more independent. The service provided rehabilitation and some people had been supported to learn or regain skills to live more independently in the community.
- Staff understood their role not just to support people and provide care but to be an enabler with them. They supported people to become responsible in daily decision making in their own lives and to learn new skills, whatever the level of need. The chef spoke enthusiastically about the cookery classes they ran on Thursday evenings where people made their own tea. They also told us about foraging with people to collect fruit to make jams and chutneys. The chef also supported a person to go fishing and helped them to cook their catch of the day for tea.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- Care was delivered by teams of staff who knew people. People, relatives and other appropriate professionals were fully involved in planning how staff would provide care.
- People had assessments, which covered all aspects of their physical, emotional, psychological and social needs. Records detailed what was important to the person and how they wished to be supported to achieve their goals.
- People were involved in the development of their care plans. We advised that an individual meeting should take place with people and other relevant people to discuss their care and support needs on a regular basis. This was to check their needs were still being met and any plans for the future.

Meeting people's communication needs

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

- The registered manager was aware of the accessible communication standards and told us of ways in which the service was meeting the standards. Information such as activities and menus were available in pictorial format for people who may not read.
- Information was available in people's care plans about how they communicated.

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

- People were encouraged and supported to maintain and build relationships with their friends and family, if they wished. One person told us, "I'm going to my Dad's summer house on Saturday."
- People all went out and spent time in the community, as well as enjoying entertainment in the home. Some people went out independently others were supported by staff. They all enjoyed a range of activities including gardening, baking, fishing, cooking, horse riding and arts and crafts. One person said, "I work at a charity shop and go to the luncheon club as well."
- Some people were supported to attend local further education colleges. For example, to study mechanics. Another person told us, "I have a certificate of achievement for peer support."

End-of-life care and support

- People's care records contained detailed information about their religion and wishes at this time.

Improving care quality in response to complaints or concerns

- A complaints procedure was available and people were asked at their regular meetings if they had any concerns or complaints.
- A record of complaints was maintained. People told us they could talk to staff if they were worried and raise any concerns.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service was well-led.
- The registered manager promoted a person-centred culture where people were at the heart of the service and was committed to ensuring they received the best possible support in a caring and nurturing environment. Arrangements were in place to ensure people were involved in care planning, assessment and decision making in their lives.

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

- The registered manager worked well to ensure the effective day-to-day running of the service.
- Staff and people were very positive about the registered manager. They all told us management were approachable and they were listened to.
- Audits were completed to monitor service provision. These were mostly effective apart from some improvements that were identified to environmental audits to ensure people's safety and comfort.
- The registered manager understood their role and responsibilities to ensure notifiable incidents were reported to the appropriate authorities if required. They understood the duty of candour responsibility, a set of expectations about being open and transparent when things go wrong. No incidents had met the criteria for duty of candour.

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

- The registered manager promoted an ethos of involvement and empowerment to keep people who used the service involved in their lives and daily decision making. Individual and group meetings took place with people.
- Feedback was also sought from staff through meetings and surveys. A staff recognition scheme was in place and several staff told us they felt "valued" by the organisation.
- The organisation celebrated and recognised the diverse needs of people and within the organisation. They actively wanted to hear people's views.
- Regional and national forums were held with representatives nominated by people who used the service,

they collected and fed-back people's views to help influence any change.

Continuous learning and improving care; Working in partnership with others

- There was a focus on continuous learning and improvements and keeping up-to-date with best practice. Staff members were appointed as champions and took a lead in certain areas. One staff member said, "Our home came second in the region for our staff training."
- Staff communicated effectively with a range of health and social care professionals to ensure that the person's needs were considered and understood so that they could access the support they needed.