

Amicura Limited

Harmony House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Harmony House is a residential care home providing personal and nursing care for up to 57 people over the age of 50. At the time of our inspection visit there were 51 people at the home.

Harmony House accommodates people in one building, split over two floors. Each floor has separate dining areas and bathroom facilities. People have en-suite facilities in their bedrooms.

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

Significant progress in improving governance procedures had been made by the management team since our last inspection to ensure people were safeguarded and received person-centred care. However, improvements were still required to ensure people consistently received safe care. Although staff understood the support people required to reduce their risk of avoidable harm, gaps in care plans and records meant there was a potential risk people may not be provided with consistent and safe care.

There were enough staff to meet people's needs safely. Staff received regular training and support and understood their role in protecting people from the risk of abuse. The registered manager followed the provider's safeguarding policies and procedures and reported any safeguarding concerns to the local authority. Medicines were managed in accordance with good practice guidelines.

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. People had choice and control over who visited them and there were no visiting restrictions in the home.

People were offered opportunities to engage in a variety of activities and staff understood the importance of social interaction with people. Staff received specialist training on end of life care to ensure people were supported to live as they wished to in their final days.

People and relatives gave us positive feedback about their experiences of living at Harmony House. Staff spoke very positively about the management team and felt engaged in the improvement process. The registered manager was committed to continue to embed improvements into practice.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 6 April 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of those regulations, however a breach of a different regulation was identified.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 14 and 20 January 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safeguarding, person-centred care and the good governance of the service.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions of Safe, Responsive and Well-led which contain those requirements.

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

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained Requires Improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

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

Enforcement and Recommendations

We have identified breaches in relation to safe care and risk management at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Harmony House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 3 inspectors, a specialist nurse advisor 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.

Service and service type

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

Registered Manager

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

At the time of our inspection there was a registered manager in post.

Notice of inspection

The 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, professionals who work with the service, an independent advocacy service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider had been asked to complete a Provider Information Return (PIR) and was in the process of completing this at the time of our inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with 6 people who lived at home and 9 of their relatives. 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 spoke with 15 members of staff including the registered manager, the area manager, the clinical lead, the care manager, 2 nurses, 7 care staff, the activities co-ordinator and a member of the housekeeping team. We contacted an external healthcare professional for feedback on their engagement with the service. We reviewed 6 people's care records and multiple medicines records. We also reviewed records relating to training, recruitment and quality assurance.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Requires Improvement. The rating for this key question has remained Requires Improvement. This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to safeguard people from the risk of abuse. This was a breach of regulation 13 (Safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- People told us they felt safe. One person said, "I feel safe as houses, we're alright." Another person told us, "Oh yes, I feel safe. They're very good to me, no problem at all."
- Staff had completed safeguarding training and understood their role in recognising and reporting concerns of abuse or poor care. Staff told us they would not hesitate to escalate concerns if they felt action had not been taken within the service to protect people.
- The service had a safeguarding lead who kept staff knowledge and practice up to date through extra training and raising awareness of safeguarding issues.
- Safeguarding information was displayed throughout the home, including details of the safeguarding lead should people, staff or visitors have concerns.
- The provider had safeguarding policies staff could refer to if needed. The policy contained important contact information about reporting safeguarding concerns.
- The registered manager had a robust approach to managing safeguarding incidents and followed the provider's policies for reporting such incidents to the local authority safeguarding team.

Assessing risk, safety monitoring and management

- We looked at the care plans for three people with a catheter. Two contained all the required information to ensure safe catheter care. The third person's catheter care plan did not instruct staff to position the catheter bag below the bladder whilst they were in bed. This person's catheter was not positioned correctly which put them at increased risk.
- One person had an area of skin damage and their wound management plan stated the area should be reassessed every 3 days. There was a gap of 10 days in the records of the wound being assessed which meant the wound was not being sufficiently monitored to identify any early signs of deterioration. The wound had increased slightly in size.
- Records were inconsistent as to how often people needed to be repositioned to alleviate pressure on vulnerable areas.

- One person had diabetes and their care plan stated emergency healthcare advice should be sought if their blood glucose level rose above 15mmols. On the night of 22 January 2023 this person's blood glucose had exceeded this safe limit, but the records did not evidence any remedial action had been taken or medical advice sought.
- One person maintained a position, by choice, which put them at risk when eating or drinking. Care plans were not sufficiently detailed to inform staff how this risk was to be managed.
- Staff we spoke with demonstrated they understood the support people required to reduce their risk of avoidable harm, however gaps in care plans and records meant there was a potential risk people may not be provided with consistent and safe care.

Systems and processes were not sufficient to demonstrate risk was identified, assessed and mitigated. This exposed people to the risk of avoidable harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations

- The provider responded immediately during and after the inspection. They confirmed guidance had been sought from external healthcare professionals and care plans updated to accurately reflect people's needs.
- Other risks to people were managed safely, and their risk management plans reflected the support they needed to minimise identified risks.
- The provider had policies and procedures in place to reduce the risk of fires and ensure people could be evacuated safely in an emergency situation.

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 MCA 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.

- Staff supported people to make their own decisions and sought consent before providing care and support. Records showed people were involved in the planning and delivery of their care.
- Where people lacked capacity, full assessments had been completed. Where people had been assessed as lacking capacity to make a specific decision, decisions had been made in people's best interests.
- Where restrictions were in place and people were being deprived of their liberty, the appropriate legal authority had been sought to protect their rights.
- The registered manager had oversight of which people were subject to a DoLS authorisation, whether they were subject to any conditions and when they were due to expire.

Staffing and recruitment

- There were enough staff to meet people's needs safely. Feedback from staff confirmed this. One staff member said, "Staffing is good. If we're short they do get agency but that doesn't happen often." Another comment was, "I think we're doing well. If staff are sick, we come together as a team."
- Overall, relatives felt there were enough staff to respond to people's requests for support. Comments

included: "Whenever I have asked someone to come and make [Name] more comfortable, they arrive", "I have never noticed a time when there is not enough staff" and, "I think like always they can generally do with more staff; they all work so hard, I know that."

- Staff received regular training and support to ensure they had the skills and knowledge to meet people's needs safely and effectively.
- Staff were recruited in a safe way. Safe recruitment checks included obtaining references and checks using the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were ordered, stored, administered, recorded and disposed of safely.
- There were clear guidelines for medicines which were prescribed on an 'as required' basis. This helped to ensure staff followed a consistent approach and people received their medicines when needed.
- Medicines which had particular risks, such as medicines administered via a patch applied directly to the skin and time critical medicines, were managed in accordance with good practice guidelines.
- Some people were given their medicines covertly, disguised in food or fluids. There was supporting documentation to evidence a capacity assessment had been completed and a meeting held with relevant people to ensure it was in the person's best interests. However, the advice of a pharmacist had not been sought to confirm giving specific medicines in food or drinks was a safe way of administration. This was discussed with the clinical lead who agreed to action this immediately with the pharmacy.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were somewhat assured the provider was using PPE effectively and safely. Some staff did not wear their masks in accordance with the provider's policy. This was addressed by the registered manager.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were somewhat assured the provider was promoting safety through the layout and hygiene practices of the premises. In one person's bedroom their crash mat was dirty and clinical equipment had been incorrectly stored in their bathroom. This was immediately addressed during the inspection.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider was supporting care home visits and there were generally no restrictions. When there was an infection outbreak, some restrictions had been imposed in line with guidance provided by the local infection control team.

Learning lessons when things go wrong

- Where concerns were known, action was taken to investigate and ensure re-occurrence of similar issues was avoided. Where people had fallen, these were reported and reviewed to ensure the risk of further falls was minimised.
- The provider reviewed accidents, incidents, safeguarding and complaints to analyse any learning and improve systems and procedures.

- Staff told us learning from accidents and incidents was shared with them through meetings and handovers. One staff member told us, "They explain everything, so if there is a safeguarding which comes back from the hospital, [registered manager] will explain what happened, what the hospital said and how we need to change things. She is very upfront and honest."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. 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

At our last inspection the provider had failed to ensure people's preferences and needs were met. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- At our last inspection we found people did not always have choice and control over who visited them because visiting to the home was not being facilitated in accordance with the government guidance at the time.
- At this inspection we found no visiting restrictions were in place unless there was an infection outbreak. If restrictions were imposed, this was on advice from the local infection control team and the least restrictive as possible.
- Relatives confirmed they could visit when they wished to. Comments included: "There are no restrictions in place now" and, "There are no restrictions, but I have to wear a mask."
- Care was planned in partnership with people and their relatives. Staff told us they spoke with people, so they had a good understanding of people's individual needs and preferences. They explained how this information enabled them to engage effectively with people and provide person-centred care. One staff member told us, "I've had time to get to know people and what they like."
- People's care plans reflected their needs and staff told us how the electronic care planning system alerted them if care tasks had been missed.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- There was information displayed in the entrance to the home informing people of their rights under the AIS. This included their right to advocacy support to ensure their views and concerns were heard.
- One person in the home did not like to wear their hearing aids. A staff member told us this person always had a pen and paper because they preferred staff to write things down for them.

- Communication aids such as visual pain charts were available to support people to express themselves, should they struggle with verbal communication.
- However, some improvements were needed to ensure written information was accessible for everyone. For example, during a mealtime observation we observed one person got up from their chair to read the menu to everyone in the dining room. The menu was displayed on the wall, but the writing was very small.

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 offered opportunities to engage in a variety of activities including film nights, pamper sessions, arts and crafts, visits from a therapy dog and external entertainers. A weekly plan of events was displayed in reception.
- Staff could tell us what made people happy and what they enjoyed doing. One staff member said, "[Person] spends all day colouring pictures, I have loads of them at home. Whenever [person] runs out of pens we go out and keep them well stocked."
- Most people were happy with the variety of activities offered within the home. One person said, "The entertainments officer is a darling. She comes and tests nail polish colours on me. She does loads of activities and different things; it is really good."
- We received positive feedback from people about staff, which demonstrated that staff recognised the importance of social interaction. One person said, "The staff are really smashing, not a bad word to say. If they see you're miserable, they come and make you giggle and happy." One staff member said, "I do find time to spend with people and manage to have a natter. Some people ask specifically for me because they're interested in what's going on in my life."
- Our observations showed staff took opportunities to spend meaningful time with people. For example, staff chatted with people as they worked, and one staff member had their break and something to eat in the lounge, whilst having a conversation with a person. Another staff member said, "We make time for people, that's important."

End of life care and support

- Staff received specialist training on end of life care provided by external healthcare specialists.
- The registered manager understood the importance of planning end of life care in partnership with people and their relatives. Staff had received training on how to encourage sensitive conversations about people's wishes for their treatment and medical interventions should their health decline.
- Records included information on important people who should be contacted and present, during end of life care.

Improving care quality in response to complaints or concerns

- Records demonstrated complaints were investigated and responded to. Any changes to policies or practice as a result of the complaint were recorded in detail, together with how these changes had been communicated to staff.
- Most relatives were unsure of the formal complaints procedure but told us they would feel confident to raise any concerns with managers. One relative told us, "I have never made a complaint; I have mentioned little thing which get sorted out." Another said, "I know what to do to escalate things, although I have not felt the need to at the moment".
- An independent advocate told us managers were responsive to any advocacy concerns about people's welfare.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has remained Requires Improvement. This meant the service management and leadership was inconsistent.

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

At our last inspection the provider had failed to ensure systems and processes were established and operated effectively to ensure the regulated activity was carried out safely. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17 but further improvements were still required.

- Although significant progress had been made by the management team in safeguarding and providing person-centred care, improvements were still required to ensure people consistently received safe care. Improvements around risk management needed to become embedded in staff practice.
- The provider's quality checks had identified gaps and inconsistencies in care and risk management plans following a change to an electronic care planning system. Clinical staff had been given supernumerary time to review and amend care plans to ensure they were accurate and individualised to people's personal needs and preferences. This work had commenced the week of our visit.
- The provider had identified some staff needed further support to feel confident in using the new electronic care planning system. This was being actioned.
- Some areas of the service required refurbishment to ensure they could be cleaned effectively. These improvements were part of an on-going action plan.
- Our observations demonstrated the mealtime experience for people was task focussed. The provider acknowledged our feedback and assured us this was an area they intended to address.
- The registered manager worked with us during and following our inspection to make improvements within the home and was committed to continue to embed improvements into practice.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People gave us positive feedback about their experiences of living at Harmony House. One person said, "I feel smashing since I moved here," and another person said, "Staff are brilliant, anything I want, they do for me."
- Relatives spoke highly of the registered manager and staff team. One relative told us, "They really do seem to care about the residents. I would say it's a nice warm home and staff are there for the residents and to

care for them." Another relative commented, "The staff are excellent. I have never seen a moaning member of staff and I am at the premises for quite a long time each day and I see the manager every day."

- We received positive feedback about the service from staff. One staff member said, "I love it, the atmosphere and you get support. I'm able to think creatively and adapt for people."
- Staff spoke very positively about the management team and the changes implemented following our last inspection. Comments included, "Everything has improved, the personal care, the food, the staff and the teamwork. It has been lovely" and, "Since the last inspection everything has progressed, and it has been a lot better than in the past."
- Staff felt engaged in the improvement process and told us how staff meetings were used to share information and give feedback. One staff member explained, "We put the problems we are facing [to the meeting] and we will find solutions, that is how we are building the teamwork. The staff are communicating really well." Another staff member commented, "[Registered manager] encourages all staff to bring ideas for service improvement and to make things better for the residents."
- Staff told us the registered manager was available and supportive if they had any issues or concerns.

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 provider had systems in place to investigate and feedback the outcome of any concerns raised with them.
- Overall, relatives felt communication was good if there were any problems or concerns. Comments included: "They do communicate really well. If there is a problem, they would phone me; they are really good" and "They would phone me and tell me about any changes, if [Name] gets a bruise or anything like that." However, one relative felt communication could be improved so they had a better understanding of the care their family member received.
- The provider had implemented an electronic care records system at the service. The area manager explained that in future they would be able to provide people and their representatives with electronic access to their care records. As staff recorded how they provided care and support to people each day, this meant, relatives with access would be able to see how their relation was being supported in real time.

Working in partnership with others; Continuous learning and improving care

- Staff worked in partnership with other organisations to support care provision. For example, a range of professionals such as GPs, dieticians and commissioners.
- The registered manager sought specialist training from other healthcare professionals to support and develop individual staff practice and promote improved outcomes for people.
- The provider had recently changed to a new electronic system. The implementation of this identified areas for improvement to ensure the safe and effective transfer of information. In response to this, the provider recognised how they would do things differently at other services when transferring from paper to electronic systems.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	<p>12(1) The provider had failed to ensure care and treatment was provided in a safe way for service users.</p> <p>12(2)(b) The provider had failed to do all that was reasonably practicable to mitigate risks.</p>