Harmonize Care Ltd

Harmonize Care

Inspection report

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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

Harmonize Care provides personal care and support to people in their own homes. In addition to providing personal care, they also provide a service which helps people with activities and domestic duties. This element of the service, does not need to be registered with the Commission.

We focussed our inspection on the people in receipt of personal care only. On the day of our inspection there were 16 people using the service, eight of which received personal care.
The provider was given 48 hours' notice of our inspection because the location provides a domiciliary care service and we needed to know that someone would be available.

There was a registered manager in post. The registered manager was also the provider. 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.

This was the first time the service has been inspected since the provider was registered to provide personal care in December 2016.

The service provided a positive, open and inclusive culture. People valued the relationships they had with staff and were positive about the care they received. Staff demonstrated empathy, understanding and warmth in their interactions with people.

Risk assessments were in place but those relating to people's specific health conditions lacked detail. People's medicines records also lacked detail and were not monitored. However, work had begun on making improvements in both these areas.

People told us they felt safe. Procedures were in place to safeguard people from the potential risk of abuse. There were enough staff to meet people's needs and recruitment checks were completed to make sure people were safe.

People received support that was personalised to them and met their individual needs and wishes. Staff respected people's privacy and dignity and interacted with people in a caring, compassionate and professional manner.

Staff supported people to have choice and control over their lives in the least restrictive way possible. People were supported when making decisions about their preferences for end of life care.

People were asked for their views about the service and their comments were listened to and acted upon.

People were positive about the quality of the service. The registered manager was in the process of improving on their auditing systems to enable them to evidence how they monitored the service provision. There was a strong emphasis on continually striving to improve.

The registered manager and the staff team were committed to providing people with good quality person centred care that met their needs and preferences.

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 consistently safe.

Risk assessments were in place but those relating to people's specific health conditions lacked detail.

People's medicines records lacked detail and were not monitored.

Procedures were in place to safeguard people from the potential risk of abuse.

There were enough staff to meet people's needs. Recruitment checks were completed to make sure people were safe.
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Is the service effective?

Good

The service was effective.

People were supported by staff who knew how to meet their needs.

Staff received the support and training they needed to provide effective care for people.

People received support from staff who respected people's rights to make their own decisions, where possible.

People were supported to maintain good health.

Is the service caring?

Good

The service was caring.

People valued the relationships they had with staff and were positive about the care they received.

People felt staff always treated them with kindness and respect.

Staff demonstrated empathy, understanding and warmth in their interactions with people.

People were supported to have choice and control.

Is the service responsive?

Good

The service was responsive.

People were provided with personalised care to meet their assessed needs and preferences.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

People were supported when making decisions about their preferences for end of life care.

Is the service well-led?

Good

The service was well-led.

The service provided a positive, open and inclusive culture.

People were asked for their views about the service and their comments were listened to and acted upon.

The registered manager was in the process of improving on their auditing systems to enable them to evidence how they monitored the service provision. There was a strong emphasis on continually striving to improve.

Harmonize Care

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.

Before our 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 reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also looked at information sent to us from other stakeholders, for example the local authority and members of the public.

During our inspection, we visited the offices of Harmonize care. We looked at the care records of five people, training and recruitment records of staff members, and records relating to the management of the service. These included medicine records, staff training, recruitment and supervision records, accidents, incidents, complaints, quality audits and policies and procedures.

We visited three people in their own home accompanied by a senior member of staff. We also spoke with four family members. We spoke with the registered manager as well as three members of care staff.

Requires Improvement

Is the service safe?

Our findings

Care records included risk assessments which provided staff with some guidance on how the risks to people were minimised. This included risks specific to each individual according to their daily activities and support needs. For example, risks associated with falls, moving and handling and environmental risks.

However, improvements were needed in how the service assessed and recorded risks in relation to specific health conditions. For example, for a person with diabetes staff had been provided with guidance in the form of a policy and procedure. However, this lacked details regarding risks associated with this condition or how to recognise the signs and symptoms which may indicate that their blood sugar levels were causing them to become unwell. This meant that the provider was missing opportunities to ensure that staff had access to information that could support people to keep themselves safe and reduce risk of harm.

Further work was also needed to ensure staff had all the information they required in order to provide safe and effective care. For example, one person's moving and handling risk assessment said, 'Assist with all transfers using ceiling track hoist' but there was no other detail about how this should be done. The registered manager explained, "Staff know that [person] has short loops at the top and long at the bottom so they are sitting up when moving." However, this information was not recorded in the persons care plan which put the person at risk of not being supported safely, should a new member of staff provide care.

The registered manager acknowledged that they could strengthen risk assessments and care plans further and completed a detailed assessment relating to this persons moving and handling needs whilst we were still at the service. They told us that they planned a complete review of all care records to ensure staff had the appropriate guidance to keep people safe from harm and were able to identify potential risks to people's health and wellbeing.

Staff supported some people with their medicines whilst others self-administered their own medicines or were supported by a family member. Care plans did not give clear guidance regarding the level of assistance each person needed with their medicines. This meant the appropriate level of support may not be provided, putting the person at risk of not receiving the support they needed with their medicines.

There were gaps in some places on people's Medication Administration Records (MARs) which meant that it was not clear whether people had always received their medicines as prescribed.
One family member told us that although they usually supported their relative with their medicines there were times when staff got involved, particularly on occasions when they went away and staff provided additional support. However, there were no medicine administration records for this person or guidance for staff regarding how they should be supported with their medicines.

For some medicines which were to be taken 'when required' there were no protocols in place to guide staff as to how and when these should be administered. Information for staff regarding specific medicines, which needed to be taken or applied in a particular way also lacked detail. One person was prompted to take an Alendronic acid tablet weekly. These type of tablets should be taken at least 30 minutes before food or other

medicines to ensure they are effective. Important information was not included, such as following administration people should not lie down for at least 30 minutes to prevent irritation of the oesophagus (food pipe). Without the appropriate guidance for staff, people were at risk of receiving their medicines in a way which could limit their effectiveness or cause harm.

Despite our concerns regarding the way the service managed people's medicines people fed back to us that they were happy with the assistance they received. One person said, "They dish my medicines every day. Every mealtime it's in a little cup. They make sure that I take them."
We discussed our concerns with the registered manager who took our comments on board and immediately began to make changes to strengthen procedures in this area. We saw on our second day of inspection that a start had been made on completing medication audits for all those they supported with medicines and changes were being made to peoples care records to ensure they accurately reflected the support provided.

People and their families told us that they felt safe whilst receiving care in their homes. One family member explained, "I wouldn't go away if I wasn't happy with [the staff]. Even nights when I go away, I am confident that [relative] is safe." Another family member told us the importance of their relative feeling safe, "That's one of the main things, being confident with the care staff."

Systems were in place to reduce people being at risk of abuse. Staff had received up to date safeguarding training and understood the provider's safeguarding adults procedures. They were aware of their responsibilities to ensure that people were protected from abuse. Staff members we spoke with demonstrated that they knew about the procedures they should follow if they were concerned that people may be at risk.

There were enough staff to deliver people's assessed care needs. We asked people whether staff arrived when they expected them to. One person told us, "Their timekeeping is good." A relative commented, "They are always here on time. If anything they are early." People told us that they knew which members of staff would be arriving each day and they were able to request additional support if they needed it. One family member told us, told us, "They are very good at filing in the gaps if [family] can't turn up."

People were protected by robust procedures for the recruitment of staff. Checks on new care workers had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. DBS checks help employers make safer recruitment decisions and help prevent unsuitable care workers from working with people.

People were protected by the prevention and control of infection. Staff confirmed supplies of personal protective equipment such as aprons and gloves were made available to them. We observed staff putting on gloves and aprons before assisting people with their care.

The registered manager informed us that they had not yet needed to record any accidents or incidents. However, they knew that it was important to recognise when things had gone wrong in order to learn from these experiences and make improvements were needed. They had already prepared the paperwork they would need to carry out an investigation of any incident so that they could respond quickly, take action and learn from any mistakes.

Good

Is the service effective?

Our findings

People were supported by knowledgeable and skilled staff who received training relevant to the needs of the people who used the service. A member of staff told us, I've done every training. [Registered manager] makes you do them all whether you need them or not." The service employed a member of staff who was qualified to deliver training in a range of subjects including moving and handling, medicines awareness, safeguarding , first aid and dementia awareness. One member of staff told us, "[Trainer] is really helpful. If you don't get it they will help you with it."

Staff told us how they benefited from receiving training on a face-to-face basis as part of a group as they could discuss how what they were learning related to those they were supporting. One member of staff explained how the dementia training had helped them to understand possible triggers to look out for which may indicate that a person was feeling anxious or distressed.

Staff told us that they felt supported in their role and received one to one supervision where they could talk through any issues, seek advice and receive feedback about their work practice.

Staff communicated effectively with each other and the office to deliver effective care and support. One staff member told us, "We handover to each other." They explained how it was important to pass on information about one of the people they were supporting as their emotional needs could vary a lot from day to day. This helped staff to tailor the support they were giving to suit the needs of the person that day.

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.

People had signed in their care plans to say that they consented to care and for one person who was partially sighted the registered manager had read the information to them and made sure they understood this document.

Staff demonstrated an understanding of the principles of the mental capacity act. One person told us, "[Staff] say 'would it be alright if we do this or that'? They don't change things without our permission." This demonstrated that staff understood the importance of giving people every opportunity to be able to make decisions for themselves.

Where people were supported with their nutrition by the service staff understood the assistance people required, their preferences and the way they liked food and drink to be prepared. Care plans gave details about peoples specific dietary needs such as diabetes. When staff prepared hot food for people we saw that they took the core temperatures of the cooked food to ensure that it was safe to eat.

Where appropriate the service had made referrals to health care professionals such as the community nursing team and GP's. A person told us how they had been supported by staff the day before when they had been taken unwell and paramedics had been called. Care staff demonstrated a knowledge of the additional support being provided to people by healthcare professionals and understood how this related to the care they were providing to people.

Good

Is the service caring?

Our findings

People and their families were positive and complimentary about the care they received. One person told us, 'Nothing is too much trouble for [staff]. We can certainly recommend them. The care is very good. They are very nice. We get on well with them." A family member commented, "They take a lot of the pressure off me. We are very comfortable with them. We get used to them and they get used to us."

We observed staff demonstrating empathy, understanding and warmth in their interactions with people. One family member told us. "They all call [relative], [affectionate name]. [Relative] responds to that. They know [relative] well."

Staff showed a genuine interest in people's lives and knew them well. They understood people's preferred routines, likes and dislikes and what mattered to them. One person told us, "I'm very happy. They know me well. I can find no fault." In all the homes we visited the friendship between staff, people and their families was very evident. One person told us that when staff visited, "You can have a laugh. That helps a lot." Another person told us, "We had a good laughing session this morning." A member of staff commented, "We do have fun working in this house." This demonstrated that staff placed a high value on supporting all aspects of people's well-being.

Family members explained to us how they had built up relationships with the staff and how staff supported them as well as their relatives. One family member said, "They are all supportive to me too." A member of staff explained, "We get to know the family well. We have all gelled well, which is good. When you are in someone's house you've all got to get on."

People told us that they felt staff listened to what they said and their views were taken into account when their care was planned and reviewed. People and their relatives, where appropriate, had been involved in planning their care and support. This included people's likes and dislikes, preferences about how they wanted to be supported and cared for. One person told us, "They've been through the care plan with us." A family member commented, "Anything to do with the folder [care plan] I'm included. Anything to do with Mum at all." This demonstrated that staff were guided by the wishes of the people they were supporting and encouraged people to have independence and control.

People's privacy and dignity was promoted and respected. For example, staff explained how they discussed with a person and their spouse the support required with a continence aid to ensure this was carried out with dignity and respect.

Staff respected people's lifestyle choices and religious beliefs. An example was given of a person who would not wish to receive Christmas or birthday cards due to their beliefs and staff made sure that they honoured this choice. This demonstrated that staff recognised the importance of privacy and dignity as core values and worked together with people to promote them.

People were encouraged to be independent where possible and to be in control of the support they

received. Care plans contained helpful guidance for staff to help achieve this. For example, details regarding support required for one person stated, 'Likes to go shopping and can pick items they want' and 'Able to wash own hair but requires support to use the right products.'

Good

Is the service responsive?

Our findings

People received personalised care which was responsive to their needs and their views were listened to and acted on. One person explained how staff adapted the time of their morning visits to suit their needs, "It's the same time every day so we get used to them coming. I go to a stroke club so they come on at 8am on those days to get me ready. If not we say don't come until 9am and they don't."

Staff were knowledgeable and knew how to provide personalised care that met people's specific needs. A healthcare professional told us, "They are very proactive. For example, they realised the daughter of someone they were supporting was not well and helped call the GP out. They then put in extra support for the person." A family member commented, "[Staff member] takes [relative] 'singing for the brain. [Relative] likes that. They'll take [relative] shopping, to the zoo; they often walk down to the grave [of relative's spouse]."

People were supported to keep physically and mentally active. One family member explained how staff had worked with them to find activities which their relative enjoyed and helped them to relax when feeling unsettled. They had purchased items such as puzzles and a fiddle muff, which staff had suggested as they had seen the advantages these activities had for others they supported. A fiddle muff is a hand comforter designed specifically for people living with dementia which provides sensory stimulation and comfort.

Care plans were person centred and reflected the care and support each person required and preferred to meet their assessed needs. One care plan of a person living with dementia gave details to help staff have an insight into how the person may be feeling and how they should support them with this. '[Person] no longer recognises themselves as being the age they are and often considers their children to still be young, this can cause frustration and anger on occasion. This can be managed with distraction techniques or change of carer or family member. [Person] is not left unattended at any point.' This information helped staff to provide a high standard of care and support to this person and their family member who lived with them. A healthcare professional commented, "They've done everything on the care plan." and expressed their confidence that staff knew people well.

People were given choice about who provided their personal care and care plans contained details regarding any preference to the gender of the member of staff who would provide that support.

The registered manager told us how they were further developing the care plans to ensure details were provided to guide staff relating to all aspects of people's physical, emotional and social needs. This included further details about peoples past and how this impacted on their well-being now. The registered manager recognised that this was especially important as the business expanded to make sure new staff had a detailed knowledge of the people they would be supporting.

There was a complaints procedure in place, which explained how people could raise concerns. Although no formal complaints had been received by the service they had a system in place to deal with these should a concern or complain be raised in the future. People told us they knew who to contact if they had any

concerns or complaints, but had not felt the need to do so. One person explained, "I can't think of a time we've found fault with them."

People were supported when making decisions about their preferences for end of life care. The service was not currently supporting anyone who was believed to be at the end of their life but they demonstrated the support given to previous users of their service including discussions with them and their family regarding their preferred priorities of care at this time. This had meant that one person had been able to remain at home until the end of their life in accordance with their wishes.

Good

Is the service well-led?

Our findings

There was a person centred, open and inclusive culture in the service. A health care professional told us, "As a new service they've been very good. They do a little bit more than they have to."
Staff showed enthusiasm for their role and a genuine interest in providing people with a high standard of care. One member of staff explained, "We do go above and beyond. Why wouldn't you?"

People, relatives and staff gave positive feedback about the management and leadership of the service. One staff member commented, "[Registered manager] is great. The only manager I've known who has ever come out when we've needed help. They are fair and on the ball."

Staff were encouraged and supported by the registered manager and were clear on their roles and responsibilities. One member of staff told us, "Any issues, I text [registered manager] and they'll call straight away. If we need anything we call and it's done." Another member of staff told us how they were being supported in their professional development, "[Registered manager] has seen my potential and put me on level five Health and Social Care course." They went on to explain how they would use what they learnt to support the registered manager to expand the service and make on-going improvements.

The service worked in partnership with other agencies such as the local authority, specialist and district nurses, and mental health services, to ensure they were following correct practice and providing a high quality service. The manager was aware of their responsibilities in reporting events to CQC when required.

People, their families and staff were provided with a range of ways in which they could express their opinions including surveys. Comments received in surveys which had taken place in February 2018 were all very positive. The registered manager regularly visited people to check that they were happy with the care provided. They knew people well and people and their families told us they had confidence in their leadership.

At the time of our inspection there were no formal monitoring and auditing systems in place to ensure the quality and safety of the service. However, the registered manager was described as having a 'hands on' approach and was continually striving to improve the service in order to provide a high standard of care.

The registered manager acknowledged that the lack of formal monitoring meant issues such as incomplete medicines records had not been identified. This meant opportunities had been missed to put things right. On the second day of our inspection they told us how they planned to address this by putting a more formal quality assurance system into place. They showed us the medicines audits which a senior member of staff had been asked to complete. We saw that one of these had already taken place with plans to complete the others as soon as possible.

The registered manager and staff team were open and transparent throughout the inspection and sought feedback to improve the service provided. They demonstrated how they intended to use our feedback to make further improvements within the service.