

Harmony Homecare Limited

# Harmony Homecare Limited - 164 Birchfield Road East

## Inspection report

164 Birchfield Road East  
Abington  
Northampton  
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Tel: 01604711009

Date of inspection visit:  
09 September 2020  
14 September 2020

Date of publication:  
20 November 2020

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Harmony Homecare Limited is a domiciliary care agency providing personal care and support to 26 people in their own houses and flats.

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

Medicines were not always managed safely. Individualised risks to people were not consistently assessed and mitigated.

The provider had not always maintained effective oversight of the safety and quality of the service. Where action plans were put in place improvements were not consistently embedded and sustained.

Improvements were required to ensure staff had access to the latest government guidance and information on protecting people and themselves from Covid-19. Staff did have access to a good supply of appropriate personal protective equipment (PPE) and described how to use it appropriately.

Staff were recruited safely and there was enough staff to meet people's needs under usual circumstances. However, the providers contingency plan required improvements to ensure the service could remain operational under winter pressures and high levels of staff sickness.

People were not consistently supported to have maximum choice and control of their lives and staff did not consistently support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support consistently support this practice. The provider had in some cases made generic decisions in people's best interest without consulting them on their preference.

People were invited to give feedback on their care, and we saw positive feedback. Staff enjoyed working for the provider and retention rate of staff was good.

People were safe from the risk of abuse by kind and caring staff who understood how to recognise signs of abuse and how to report it.

The provider worked in partnership with other professionals when needed and liaised with family members to provide updates on change or concerns.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection (and update)

The last rating for this service was requires improvement (published 22 August 2019) and there were multiple breaches of regulation. The service remains rated requires improvement. This service has been

rated requires improvement for the last three consecutive inspections.

### Why we inspected

We carried out an announced comprehensive inspection of this service on 4, 6, 9 July 2019. Breaches of legal requirements were found in safe care and treatment, good governance and staffing. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

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 safe and well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Harmony Homecare Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment and good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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 well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

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## **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

This inspection was carried out by one inspector.

### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission who is also the nominated individual and provider. A nominated individual is responsible for supervising the management of the service on behalf of the provider. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider/registered manager would be in the office to support the inspection.

Inspection activity started on 9 September 2020 and ended on 14 September 2020. We visited the office location on 9 September 2020 and on 14 September 2020 we made telephone calls to staff and people using

the service.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

#### During the inspection

We spoke with four people who used the service and two relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, care coordinator, four care workers and a director.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures and the providers action plan were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at staff supervisions and staff schedules, policies 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 requires improvement. At this inspection this key question has remained the same.

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.

At our last inspection the provider had failed to ensure the safe management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

Using medicines safely; Assessing risk, safety monitoring and management

- Medicines were not consistently managed safely. Medicine records lacked detailed information for staff guidance. The times medication was to be administered, the route of administration, details on if the medication could be taken with or without food, side effects and review dates were not consistently recorded. The provider had not consistently followed their own procedure in ensuring pre-printed labels with clear instruction were attached to medicine records.
- As and when required medicines did not have specific protocols in place for staff guidance to ensure people received their medicines when they needed them.
- Risk around how people's medicines were stored in their homes had not been assessed and risks mitigated. For example, one person's records described them as very confused and forgetful. The medicine was stored in easy access and the risk of accidental overdose had not been considered.
- Individualised risks to people were not consistently assessed. The provider had used a generic risk assessment for some identified risks to people. For example, generic risk assessments were in use for, stair lifts, bathing and showering, mobility aids including walking aids, commodes and wheelchairs and using an oven and microwave.
- Where individualised risks had been assessed, information was inconsistent and confusing. For example, where a risk around nutrition was found for one person, the tool to identify the level of risk had been incorrectly calculated. This meant the person's risk level had fluctuated between high and low risk with no rationale as to why and no detail on what support they would need from care staff. Following the inspection, we discussed this with a care coordinator and advised that they need to review the calculation tool and the risk to the person.
- We identified two separate risk assessments for the same person who was at risk of pressure area damage. Each record had a different risk score and the staff guidance differed. One record stated the use of a prescribed cream but not the other. Both records had been reviewed as current on the same date. This meant that the person was at risk of not receiving appropriate pressure area care.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Learning lessons when things go wrong

- Lessons were not consistently learned when things had gone wrong. Safety concerns around the management of medicines were highlighted at the last inspection. The provider had provided an action plan to ensure these areas were addressed but had failed to ensure measures put in place to mitigate risk were continued and embedded into practice.
- The provider had implemented a falls monitoring record following our last inspection to ensure they could maintain effective oversight and monitor for trends, patterns and make referrals if needed should a fall occur.

#### Staffing and recruitment

- There were enough staff available at the time of the inspection to meet people's needs. One staff member told us, "There are enough staff if staff (are) off sick." People and staff told us there had been no missed calls.
- Staff were recruited safely; recruitment processes were in line with current regulatory requirements.
- Disclosure and Barring Service (DBS) checks were completed for staff prior to them working with people. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

#### Preventing and controlling infection

- Staff had a good supply of appropriate personal protective equipment (PPE) including surgical masks, gloves, shoe covers and hand gels. They were able to demonstrate by describing how and when they were using PPE that they understood it's appropriate use.
- People told us that staff were using PPE. One person told us that staff wore a facemask for the entire visit and gloves and aprons when helping with personal care. A relative told us they felt that their relative was safe with the care staff.
- Staff had received training in food hygiene and understood the importance of good hygiene practices when supporting people.

#### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff were trained in how to recognise and report signs of abuse and were able to give appropriate examples of what signs they look out for.
- People told us they felt safe with staff. One person said they "definitely" felt safe with staff, another person told us that staff were kind and caring and they felt safe with them.
- Staff told us they had received a handbook with guidance on whistleblowing and understood how to escalate concerns to the local authority and Care Quality Commission (CQC).



# 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 requires improvement. At this inspection this key question has remained the same.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection the provider did not have sufficient systems in place to assess, monitor and improve the quality and safety of care provided. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

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

- Systems and processes were not effective in maintaining good oversight of the service. The previous inspection had identified concerns with the safety of medicines, the registered manager had submitted an action plan with how they would improve. However, these improvements had not been sustained. For example, the action plan had advised that Audits would be completed every 2 weeks, this had not been sustained with the last audit fully completed and the findings analysed in March 2020.
- The provider's action plan stated that medication competency of staff would be completed every 8 weeks as part of a routine supervision. Records evidenced that this had not been sustained. One member of staff had made medication recording errors which had not been addressed appropriately and a medication competency check was not completed. We discussed this with the registered manager who advised that supervisions were not taking place due to the risk of Covid-19 infection. However, an alternative monitoring system had not been implemented.
- The provider's infection control and pandemic policies had not been reviewed regularly. They did not contain the latest government guidance specific to the service on preventing the spread of Covid-19. Constantly evolving government guidance had not been shared with care staff on how to keep people and themselves safe since the start of the pandemic.
- Measures to protect clinically vulnerable groups and those at higher risk because of their protected characteristics such as black and minority ethnic groups and people with physical disabilities had not been considered.
- The provider's contingency plan lacked detail and did not include a contingency for winter pressures, high levels of staff sickness or what action they would take if a person they supported, or staff member contracted covid-19. This meant we were not reassured the provider had appropriate plans to remain operational in these circumstances.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate the provider had maintained effective managerial oversight of the quality and safety of the service. This placed people at potential risk of harm. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider had not ensured timings of the rotas were realistic. One staff member said, "Travel time is not always sufficient sometimes we are late." People were not informed of staff being delayed. One person said, "They [staff] don't let you know if they are going to be late." and they told us they had had a change to a call time without consultation. People told us late calls had become the norm and had not made a complaint to the office.
- People were not consistently involved in decision making. The provider had made a decision to stop issuing everyone with a call rota. We saw no evidence of consultation with people on this decision or evidence of choice. This meant that people did not consistently know which staff would be attending their calls. One person said, "We used to have a schedule, but they stopped sending due to Covid. I'd like to know who's coming."
- People spoke fondly of the care staff. One person told us the staff are respectful and kind. Another person said, "[Carer] is a friend to me to me we have a chat, it's lovely." The care team was small and knew people well.
- People had received questionnaires to invite their feedback on the service and we saw positive comments of the care they received. People told us they received telephone calls to ensure they were satisfied with the service. One person told us they get calls from the office team to check everything is ok.
- Staff enjoyed their work and spoke positively of the management team. One staff member told us the office were caring and supportive. Another said member said, "I wouldn't work for another company they are really good here." Staff retention was good which meant there was a stable core of staff that understood people's needs well.

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 and management team had demonstrated transparency by reporting incidents to the local authority and CQC appropriately when required.
- The provider had a complaints procedure in place and tracking log to monitor for patterns and trends. People told us they knew how to make a complaint and would contact the provider or speak with staff. There were no complaints recorded since our last inspection.

Working in partnership with others

- Where relatives were advocate for their family members, they were considered partners in care. One relative told us, "I get phone calls with any updates or changes to [relatives] care."
- The provider had worked in partnership with GP's, district nurses and pharmacies where required to ensure people's health care needs were met.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider did not ensure safe management of medicines or appropriately assess and mitigate individualised risk to people.

### The enforcement action we took:

We issued the provider with a warning notice. This means we will re-visit the service within 3 months to ensure compliance.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider did not have sufficient systems in place to assess, monitor and improve the quality and safety of care provided.

### The enforcement action we took:

We issued the provider with a warning notice. This means we will re-visit the service within 3 months to ensure compliance.