

Harmony Homecare Limited

Harmony Homecare Limited - 164 Birchfield Road East

Inspection report

164 Birchfield Road East
Abington
Northampton
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Tel: 01604711009

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04 July 2019

09 July 2019

16 July 2019

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Harmony Homecare Limited – 164 Birchfield Road East, referred to within this report as Harmony Homecare, is a domiciliary care agency providing personal care to older people in their own homes. At the time of inspection, the service was supporting 49 people. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People told us they experienced care that met their needs and they were treated well by the staff. However, we identified a number of concerns that required improvement and had the potential to put people at risk of harm.

People's medicines were not adequately recorded. We found medication administration records were inconsistently completed and did not reflect how people's medicines should be administered. People's risk assessments did not always cover all of people's known risks, for example risks associated with people's healthcare conditions, or how staff could minimise those risks. The provider's safeguarding systems did not promptly minimise risks for other people following safeguarding incidents.

Improvements were required to ensure staff worked effectively with other agencies involved in people's care needs, for example other healthcare services and equipment suppliers.

Staff had not received appropriate training to meet the needs of people using the service. At the last inspection we had identified improvements were required to the training of staff however insufficient progress had been made in this area.

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. However, the policies and systems in the service did not always support this practice.

Care plans were not sufficiently reviewed and updated. For example, for a nutritional assessment the provider had guessed people's weight. This left people vulnerable to inappropriate care being delivered to them.

Significant improvements were needed to the providers understanding of the responsibilities of being a good care provider. Some audits were in place however, they failed to effectively identify and act on the required areas for improvements. The provider had failed to learn and take action from the previous inspection and this put people at risk of receiving unsafe care.

People were positive about the approach of staff and felt the staff were kind. They also gave positive

feedback about the approachability of the provider however we found the provider had not always resolved concerns and feedback in a timely way.

We have made two recommendations for the provider to establish better working links with other agencies involved in people's care, and for the provider to understand the duty of candour responsibilities.

Rating at last inspection

The last rating for this service was requires improvement (published 28 July October 2018). The service remains rated requires improvement. This service has been rated requires improvement for two consecutive inspections including this one.

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, responsive and well-led sections of this full report.

The provider has taken some action to mitigate the risks to people however we have been unable to review if this has been effective. You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We have identified breaches in relation to how medicines are managed and the insufficient governance systems that are in place.

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 for 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive 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 ●

Harmony Homecare Limited - 164 Birchfield Road East

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 completed by one inspector, two assistant inspectors and one 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

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. 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

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

Inspection activity started on 4 July 2019 and ended on 16 July 2019. We visited the office location on 4 July

and made telephone calls to people, relatives and staff on 9 and 16 July 2019.

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, including Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. However, we discussed all aspects of the service with the registered manager during the inspection and we took this into account in making our judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and nine relatives about their experience of the care provided. We spoke with seven members of staff and the registered manager.

We reviewed a range of records. This included four 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 were reviewed.

After the inspection

The registered manager contacted us to provide updates on the actions they had taken following the inspection. We continued to seek clarification from the provider to validate evidence found.

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 and is still rated as 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.

Using medicines safely

- Systems in place to support people with their medicines were unclear and unsafe. People had medication administration records (MAR) in place. However, they were inconsistently completed and did not clearly reflect the medicines people required.
- For example, the name of the medicine and the required dosage was not always clear. One person's medicine did not explain how many tablets were required, or when they should be given.
- One person had medicines that were on an 'as required' basis, for example they could be given if the person was in pain however the MAR did not reflect this. One person had dispersible aspirin prescribed to them and the MAR did not record that staff were required to dissolve this medicine.
- Staff were knowledgeable about people's medicines and appeared to administer them correctly however the records could not confirm this.
- Whilst we found no evidence that people were placed at harm, there was a risk that some medicines may not have been given as required or as prescribed by their GP. This was a repeated concern from the last inspection.

The provider failed to ensure that systems were in place to demonstrate people's medicines were managed safely. This was a breach of Regulation 12 (2g) (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded after the inspection. They changed their medication administration records and ensured staff were clear about their responsibility to complete the records correctly. The provider must also take responsibility for ensuring the records are completed correctly, and staff are challenged if this does not take place.

Systems and processes to safeguard people from the risk of abuse

- Improvements were required to ensure people were protected from the risk of abuse.
- Following a serious incident, the provider had failed to take prompt action, and they had failed to promptly change procedures to protect people from the risk of financial abuse. Appropriate action had been taken and procedures were changed however there had been some delay in making the required changes.
- Staff were knowledgeable about safeguarding incidents, and the provider understood their duty to report them to the CQC.

Learning lessons when things go wrong

- Improvements were required to ensure lessons were learnt to help improve the service.
- No specific incidents had occurred since the last inspection; however, we were concerned that since our last inspection no action had been taken to make the required improvements. For example, following our last inspection the registered manager had not taken sufficient action to make the required changes to improve the medication systems.

Assessing risk, safety monitoring and management

- Improvements were required to ensure that people had risk assessments in place which covered all their known risks. For example, people with health conditions that put them at risk did not always have a risk assessment in place.
- The risk assessments that the provider had implemented were detailed and gave helpful advice to staff about supporting people to manage their risks.

Staffing and recruitment

- Improvements were required to ensure that staffing arrangements were consistent and fair. Most people told us they saw a regular team of caring staff. One person's relative said, "[Relative] does feel safe as it is the same ones normally that go in, or they let [relative] know if it will be somebody else." Another person said, "[Staff] fluctuate so I don't get continuity."
- Staff told us they weren't always given travel time between each visit which meant they started early but were often late for their ongoing visits which made them feel uneasy and was unfair to the other people who used the service.
- Staff also commented they felt the office staff were over stretched and communication between the service and people who used the service suffered as a result.
- Staff were recruited using safe recruitment practices whereby references were checked and their suitability to work with the people who used the service.

Preventing and controlling infection

- Appropriate action was taken to minimise the risk of infection.
- People confirmed that they had no concerns about the hygiene procedures of staff.
- People confirmed the staff wore appropriate personal protective equipment (PPE). One person's relative said, "Aprons and gloves – they always wear them."

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 now deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Improvements were required to ensure staff had the appropriate skills and received regular training.
- At our last inspection we made a recommendation that the provider reviewed their training schedule to ensure that staff regularly had their training refreshed. At this inspection we found that sufficient progress had not been made. The provider had contacted a training company but had not ensured all staff had received regular refresher training. For example, only one member of staff had refreshed their knowledge about mental capacity within the last two years.
- The provider failed to ensure new staff received training from the provider and instead relied on training they had received from other employers. The provider did not complete adequate assessments to review the competence of staff's previous training.
- Staff however, had an understanding about how to provide care and support to people.
- Whilst we found no evidence that people were placed at harm as a result of the training arrangements, there was a risk that staff were not up to date on current practices. This was a repeated concern from the last inspection.

The provider failed to ensure that all staff received adequate and regular training. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded after the inspection. They booked training for all staff and committed to having training needs reviewed and updated.

Staff working with other agencies to provide consistent, effective, timely care

- Improvements were required to ensure staff were able to work effectively with other agencies.
- The provider had limited understanding of outside agencies and professionals which may be able to provide additional support, for example Speech and Language Therapists and specialist healthcare professionals.
- Following CQC recommendation, the provider made contact with some people who had additional healthcare and equipment needs however this had not been instigated or considered by the provider prior to inspection.

We recommend the provider reviews each person's care to consider what other healthcare professionals, equipment suppliers and external agencies are already involved in people's care and establish links to ensure people are receiving consistent and updated support.

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. We checked whether the service was working within the principles of the MCA.

- People's mental capacity assessments were not always correctly completed. For example, one person had been assessed as not having mental capacity but there was no further guidance in their care plan about what this meant, or how staff could support them.
- Most people did have capacity and were able to consent to their care. One person said, "We have a routine which I consented to and we stick with that."
- People were satisfied that carers worked with them and respected their decisions.

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

- People's care needs were assessed before they were accepted into the service. Staffing capabilities were considered as part of the assessment process to ensure people's care needs were effectively met.
- The assessment and planning of care included asking people about their cultural preferences, values and beliefs, and any religious and spiritual needs. This information was used to help meet all of people's care needs.
- The management team reviewed people's location and the availability of staff before people were accepted to ensure they could receive timely support.

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

- People were given adequate support to manage their diet.
- People had information within their care plans about their dietary likes and preferences.
- Staff had a good knowledge of the people they supported and understood how they liked their meals. Staff encouraged people to eat well.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to manage their healthcare needs and staff were knowledgeable about these needs.
- People told us that if they required support to manage their healthcare needs they were able to do this themselves, however, if necessary, staff updated people's relatives.

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 and is rated as Good. 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

- People gave good feedback about the caring approach of the staff and told us they were treated well. One person's relative said, "The [carer] is kind and caring and if they are away there is another one who is nice."
- Another person's relative said, "They are supportive and [name] looks forward to them coming."
- People were asked about their equality characteristics during the assessment process, and staff told us they would support people with these if required.

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

- People were involved with their care and were encouraged to make their own decisions.
- One person's relative told us the staff always gave people choices, they said, "[Name] is always asked what they want. For example, of the bath and shower [name] likes the shower and always chooses that."

Respecting and promoting people's privacy, dignity and independence

- People were treated well, and their independence was supported and encouraged. One person's relative said, "Dignity and respect aren't an issue." Another person's relative said, "Carers are always polite and respectful."
- People were encouraged to maintain their independence. One person's relative explained, "They [the staff] switch on the kettle and get the milk out so [relative] can make their own cup of tea. It gives [name] independence and helps them to be able to stay living at home."
- Another person's relative said, "[The staff] always explain what they're doing, asks if [name] is ready and doesn't rush them."

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 now deteriorated to Requires Improvement. This meant people's needs were not always met.

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

- People had care plans in place however they were not always accurate or adequately updated.
- The provider had completed nutritional assessments to monitor people's weight loss or gain however they had estimated people's weight and they were not completed correctly.
- People had reviews of their care and people's views were recorded, however the information within the care plan was not always amended to reflect people's current needs. For example, one person who had been using the service for a number of years and who's health condition had deteriorated had a care plan that did not reflect their current support needs and required a full review.
- People told us the staff understood their needs and provided them with the correct care and support to meet their changing needs.

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.

- During the assessment process people's communication needs were assessed and discussed.
- People's care reflected their individual communication needs and staff were flexible to meet people's needs. For example, one person used a laptop to help them communicate with staff. Staff respected this and supported these communication needs.

Improving care quality in response to complaints or concerns

- People felt able to raise a concern or make a complaint. They told us they felt able to discuss any concerns with the provider and they would be resolved.
- The provider had a complaints policy however no complaints had been received since the last inspection.

End of life care and support

- At the time of the inspection the service was not supporting anybody with end of life care and support.
- People were able to share and discuss their end of life wishes during the assessment process and these were recorded.

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 and is rated as Requires Improvement. 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.

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

- Significant improvements were required to ensure the provider recognised and understood their responsibilities of being a registered care provider.
- The provider delegated tasks to other members of the staffing team and failed to have oversight or an adequate understanding of what was required of a good service. For example, the provider did not understand good practice around staff training requirements.
- The provider failed to adequately complete care reviews, for example, by estimating people's weight and failing to visit people's homes to check bed rails were being used safely.
- Audits were insufficiently detailed and failed to identify where improvements were required. For example, medication audits had been completed but had failed to identify they had not been completed correctly.
- Audits of people's daily records had been completed but they failed to check if the care provided was in accordance with people's care plans, or was at the times people preferred.

Continuous learning and improving care

- The provider had failed to take sufficient action to act on the recommendation and areas for improvement from the previous CQC inspection and had limited oversight about the quality of care people received.
- For example, the provider had very little oversight of people's MAR charts and failed to understand what should be recorded to ensure people received the medication they required. The provider also had very limited oversight about the training of staff and had failed to ensure appropriate action was taken to ensure all staff were trained adequately.

The provider failed to understand and ensure they had systems and processes that effectively assessed, monitored and improved the quality and safety of the service they provided. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- There had been no incidents which required the provider to comply the duty of candour however there was a lack of understanding about the responsibilities of this.

We recommend the provider seeks guidance about the duty of candour requirements.

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

- Improvements were required to ensure that people's feedback was acted on to ensure good outcomes for people, in a timely way.
- For example, one person had given feedback about a member of staff in three separate reviews over a period of seven months that was not adequately resolved and dealt with.
- The provider felt the concerns had been resolved in the first instance however similar concerns were repeated a further two times before they were addressed with the member of staff and this required improvement.

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

- People were engaged with the service and felt able to approach the provider. One person's relative said, "I speak to [the provider] regularly and they are easy to talk to. It's usually about the timings of the calls."
- Another person's relative said, "[The provider] is very friendly and easy to work with."
- Staff told us they enjoyed their jobs and most felt well supported. Staff told us they would like more opportunities to discuss the service and how it could be improved, which would help them to feel valued.
- The provider resolved low level concerns associated with the day to day running of the service but did not always resolve bigger concerns associated with staff practice.

Working in partnership with others

- Improvements were required to ensure staff worked in partnership with others, particularly other healthcare professionals.

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
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not ensure safe management of medicines.
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.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider did not ensure staff had the training and support they required to carry out their roles.