

Harmony Care Homes (2003) Limited

Highgate Road

Inspection report

91 Highgate Road
Walsall
West Midlands
WS1 3JA

Tel: 01922474336

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Highgate Road is a care home for people who may have a learning disability or autism. The service was registered for up to 6 people. At the time of our inspection 5 people lived at the service on a permanent basis and 1 person was in receipt of respite care.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

Right Support:

People and their relatives told us they felt safe and supported. Risks were assessed and managed to ensure people could safely participate in activities they enjoyed.

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 were able to receive visitors without restrictions in line with best practice guidance.

Right Care:

People were safeguarded from abuse and avoidable harm. There were sufficient numbers of suitable staff and the provider operated safe recruitment processes for staff who they directly employed. Staff supported people in line with their individual preferences and agreed care plans.

People were supported to receive their medicines safely and were protected from the risk of infection as staff followed safe infection prevention and control practices.

Right Culture:

There was a positive and open culture at the service. Staff were involved in the running of the service and the provider worked in partnership with others to achieve good outcomes for people.

The quality of care was monitored and lessons were learned when things had gone wrong.

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

Rating at last inspection

The last rating for this service was Good (published 9 November 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service. We completed a focused inspection to review safe and well-led only.

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

Recommendations

We have made a recommendation in relation to the systems in place to ensure self-employed staff are suitable to work at the service.

Follow up

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.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well-led.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>

Highgate Road

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 conducted by a CQC Operations Manager who visited the service. A Regulatory Coordinator worked remotely to make calls to relatives of people who used the service.

Service and service type

Highgate Road 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. Highgate Road is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection a registered manager was not in post. However, a new manager had recently started to work at the service and they had applied to register with us.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 1 person and 3 relatives about their experience of the care provided. We spoke with 3 staff members, the manager and the nominated individual. A nominated individual supervises the management of a regulated activity across an organisation.

We reviewed a range of records, these included 2 people's care records, medicines administration records, as well as governance and quality assurance records. We also looked at 2 staff recruitment files.

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 as Good. At this inspection the rating has remained Good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse and avoidable harm.
- People told us they or their loved ones felt safe at Highgate Road. Comments included, "Yes, feel safe" and, "[My relative] always comes out of here the same way that they went in. I've got no qualms about this place at all".
- Staff completed training that enabled them to identify and report potential abuse.
- Care records showed that staff identified potential safety concerns in line with local and national reporting requirements. However, we found 1 incident of alleged abuse that had not been reported to the local authority or us as required. Despite this oversight, action had been taken by the manager to ensure the person was safe. When we raised this with the manager and nominated individual they were responsive to our feedback and evidenced appropriate learning to ensure all future incidents would be appropriately reported as required.

Assessing risk, safety monitoring and management and learning lessons when things go wrong

- Safety risks were assessed and managed in a way that enabled people to participate in the activities they enjoyed.
- People and their relatives were involved in risk assessment where appropriate and we saw staff worked proactively with people around risk management. One relative said, "All staff know what to do and I've been very involved".
- The home had systems in place to deal with a foreseeable emergency. Personal emergency and evacuation plans (PEEPs) were in place in case of an emergency for each person. These included details of how each person should be supported in the event of an evacuation.
- Environmental and equipment checks were regularly completed to ensure the premises and equipment were safe.
- Staff reported incidents and accidents in line with the provider's policy and procedure. The registered manager investigated incidents and accidents and took appropriate action to prevent further similar incidents from occurring.

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal applications and authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- People and their relatives told us and we saw there were enough suitably skilled staff to support people in line with their agreed needs. One relative said, 'The staff are professional, kind and caring'.
- Staffing levels were adjusted when required to ensure people's individual needs were met. Staff told us and rotas we viewed confirmed this.
- Staff had been safely recruited. The provider had carried out pre-employment checks, including DBS checks, to ensure staff were safe to work with people. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Where staff were not directly employed by the provider (self employed staff) checks were not always made to ensure these staff were safe to work with people.

We recommend the provider implements an effective system that ensures self employed staff are safe to work with people.

Using medicines safely

- We saw that medicines were managed safely. This included the; ordering, storage, administration, recording and disposal of medicines.
- Where people required 'as required' medicines also known as 'PRN' medicines, guidance was in place to support staff to administer these medicines safely.

Preventing and controlling infection

- People were protected from the risk of infection as staff followed safe infection prevention and control practices.
- Appropriate policies and process were in place and followed to minimise the spread of infection.
- Staff used PPE effectively and safely.
- Two of the specialist chairs used at the service were in a poor condition posing an infection risk. The manager was taking action in response to this.

Visiting in care homes

- People were able to receive visitors without restrictions in line with best practice guidance.

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 Good. At this inspection the rating has remained Good.

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

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

- There was a positive and open culture at the service.
- People and their relatives spoke positively about Highgate Road and the staff. Comments included, "We believe it is good care home with an eye on the well-being of [our relative]" and, "All the people who live here always look happy and content".
- People and their relatives told us they were supported to participate in activities they enjoyed both at the home and within the community. Although some staff and a relative felt people could access the community on a more frequent basis.

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

- The provider had created a learning culture at the service which improved the care people received.
- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery. The home manager was well supported by other managers who worked for the provider.
- Managers and senior staff completed regular checks through audits and care records reviews to monitor the safety and quality of the care and support. However, some day-to-day checks completed by the manager were not formally recorded to show they had been completed. Following our inspection, the manager designed and implemented a formal recording system for their day-to-day checks. This included the areas checked and action taken to improve quality and safety.
- Where checks identified areas of concern, appropriate action was taken to mitigate risk and drive improvement.
- Staff had access to up to date policies and procedures.
- Staff were kept up to date about people's needs through daily handovers to ensure any changes to people's support was shared. Although some staff said these handovers should be more detailed at times.
- The manager was aware of their responsibility to notify CQC of reportable incidents and events and did this as required. Just 1 reportable incident had not been reported to us as required. However, the manager and nominated individual evidenced they had learned from this oversight.

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

- Staff sought feedback from people about their care through observations of behaviour and keyworker

reviews. These observations and reviews were used to identify if people were happy with their care and the activities they were supported to experience/participate in.

- Staff told us they were supported to suggest and implement new ways of working to improve people's care experiences. For example, we saw that feedback from a staff questionnaire had resulted in a change in the food shopping budget.
- Systems were in place to gain feedback from the relatives of people who used the service. One relative told us, "When we have highlighted an issue there has been a change".

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 manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.
- Where things had gone wrong, manager had spoken with people and their relatives and explained the action taken to improve the quality of care people received.

Working in partnership with others

- The provider worked in partnership with others.
- We saw when needed referrals to health and social care professionals were made and advice from these professionals was recorded in care plans and followed by staff.