

## Harmony Care and Support Limited

# Harmony Care and Support

### Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



### Overall summary

This inspection took place over two days. We arrived on the 10 December and returned on the 11 December to complete our inspection.

At the last inspection on 29 October 2013 we found that the service was compliant with the regulations we looked at.

Harmony Care and Support provides care and support to people living in their own homes. The service had a registered manager. 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.

People who used the service told us that on the whole they felt safe with the support workers who supported them.

Staff had received training on how to keep people safe from harm and support workers knew what to look out for and the procedure to follow, if they felt that someone was at risk.

# Summary of findings

We found that not all the risks associated with people's care and support had been properly identified or assessed. Comprehensive plans of care were in place though not all were up to date or accurate.

We found some concerns regarding the management of medicines. Records had not always been completed to demonstrate that people had been supported to take their medicines. Support workers had not always had the required information to enable them to assist people with the application of their creams as prescribed by their doctor.

Checks had been carried out when new staff had been employed to check that they were suitable to work at the service and training was then provided to enable the staff to meet the needs of those in their care.

Support workers had been provided with an induction into the service and ongoing support in the form of supervisions, spot checks and team meetings had taken place.

For people who needed assistance at meal times, support workers provided this and this was recorded in their daily notes. This enabled the support workers to determine whether people were getting sufficient to eat and drink and act appropriately, if they were not.

People who used the service and/or relatives had been involved in deciding what care and support they needed and had been involved in the development of their plan of care.

People told us that the support workers were kind and caring and we observed this when we visited two people who used the service. Support workers provided people with choices when they were assisting them and provided their care and support in a way they preferred.

People who used the service and their relatives were supported to make complaints about the service they received, though not everyone spoken with felt that their concerns were taken seriously. When complaints had been received, these had not always been dealt with in line with the provider's complaints procedure.

People who used the service shared their concerns with regard to the number of different support workers who visited them. They told us that they would much prefer regular support workers visiting. The registered manager acknowledged this.

Systems were in place to monitor the service being provided, though these were not always effective in identifying shortfalls within records held.

The people who used the service were asked their opinion of the service on a regular basis and the support workers felt supported by the management team.

# Summary of findings

## 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 consistently safe.

People told us that they felt safe however, people were put at risk because procedures around medication and the risk assessment process were not always followed. Staff were recruited properly but concerns were raised as to the lack of regular support workers.

Requires Improvement



### Is the service effective?

The service was effective.

Most staff had the skills and experience they needed to meet the needs of those in their care. They obtained people's consent before supporting them and for people requiring assistance at mealtimes, supported them to have sufficient to eat and drink

Good



### Is the service caring?

The service was caring.

People told us that the support workers were kind and respectful and we observed them treating people in a gentle and caring manner. People were involved in making decisions about their care on a daily basis and their privacy and dignity was respected.

Good



### Is the service responsive?

The service was not consistently responsive

People's needs were assessed before they started using the service and they were asked about their personal preferences with regard to the care and support they received. Plans of care were in place but not always up to date or accurate. Complaints made were not always handled in line with the provider's complaints procedure.

Requires Improvement



### Is the service well-led?

The service was not consistently well led

The service was appropriately managed and the people who used the service were given the opportunity to share their thoughts on the service. Although auditing systems were in place, these had not identified shortfalls within records held by the service.

Requires Improvement



# Harmony Care and Support

## 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.

We asked the provider for details of people who used the service and this was returned prior to our inspection. We also contacted the commissioners of the service, (the commissioners had funding responsibility for some people who used the service) to obtain their views about the care provided by the service.

This inspection took place on 10 and 11 December 2014. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the registered manager would be available to assist us with our inspection.

The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During our visit to the provider's office we were able to speak with members of the staff team. This included the registered manager, four members of the office team, six support workers and the training manager.

We reviewed a range of records about people's care and how the service was managed. This included six people's plans of care and associated documents including their medication records. We also looked at four staff files including their recruitment and training records and the quality assurance audits that the registered manager completed.

We visited two people who were using the service. This was to check that they had an up to date plan of care in place for support workers to follow and to determine whether they were satisfied with the support they were receiving.

The expert by experience undertook phone calls to twelve people that used the service and three relatives. This was to gather their views of the service being provided.

# Is the service safe?

## Our findings

People we spoke with on the whole told us they felt safe using the service and felt safe with the support workers who helped them. One relative told us, “I feel he is safe, the carers wouldn’t be here if he wasn’t.” Another told us, “They treat her [their relative] very well, we have never had a problem or concern.” One relative did tell us that the support workers tended to rush his wife’s care and he didn’t think that that was always safe practice.

Staff were aware of how to keep people safe and they had been provided with training in the safeguarding of adults. Support workers we spoke with knew the different types of abuse that they may find and they knew the signs to look out for. They told us that any concerns would immediately be brought to the management team’s attention and they were confident that these would be dealt with. One support worker told us, “I would come straight to the office regardless, I would whistleblow if that was required and I am confident that management would deal with it.” Another explained, “I would report anything straight the way to [the registered manager] she would respond to it.”

The management team were aware of their responsibilities for protecting people from harm and knew the procedures to follow when a safeguarding concern was raised. This included referring it to the relevant safeguarding authorities and notifying the Care Quality Commission.

Support workers spoken with were aware of the individual risks associated with the care and support that they provided.

Risk assessments had been completed when people’s care and support packages had commenced. These included a moving and handling risk assessment, a medication risk assessment and a health and safety risk assessment. Risk assessments had also been carried out on the environment in which the care and support was to be provided. The completion of these documents helped the provider to identify and act on, any risks presented to either the person who used the service or the support workers providing their support.

For one person who had complex health care needs not all of the necessary risk assessments had been completed. These included the risks associated with the use of specific

health related equipment. This meant that although support workers understood how to support this person, the risks involved with using the equipment and with their care and support had not been considered.

We found some of the risk assessment documentation to be generic and not centred on the person. This meant that although a process for identifying risks to individuals was in place, these had not always been made individual to the person. For instance one person’s moving and handling assessment discussed the use of an electric hoist, when in fact they were assisted by other means. Support workers not known to this person did not have the correct information to properly support them effectively and efficiently.

New staff had been appropriately recruited. References had been obtained and a check with the DBS (Disclosure and Barring Scheme) had been carried out. A DBS check provides information as to whether someone is suitable to work with vulnerable people. The provider explained that no new member of staff was allowed to work alone in the community until their DBS was returned. Support workers spoken with and staff recruitment files checked, confirmed this. This showed us that the acting manager took the safety of the people who used the service seriously, when employing new staff members.

Support workers told us they had received training in the management of medicines and the training records confirmed this. They told us they understood what they could and couldn’t do with regards to medication including only assisting with medicines and creams that were included on the person’s medication administration record (MAR) sheet. One support worker told us, “You can only give meds or creams that are on the MAR charts, if they’re not on the MAR chart, we wouldn’t touch it.” Records seen however, showed us that not all support workers followed this. One person’s notes stated, ‘[person’s name], prescribed paracetamol that is not on MAR chart, carers have been administering them without the correct MAR chart.’

We checked the MAR charts for two people who required a number of creams to be applied. These included the names of the creams, though these were hand written and did not instruct the support workers where to apply the creams or how often. This meant the support workers did

## Is the service safe?

not have the necessary information to properly support those people with their healthcare requirements. We also noted in one person's home, that a cream that should have been applied was not available.

The registered manager explained that for people who required assistance with creams and ointments, photographs of the creams and ointments to be applied,

were now being taken and included in people's plans of care. This provided support workers with a visual prompt of the creams to use. When we checked the records for one person, the cream that the support workers were using was a cream that had been prescribed to their relative. This meant that the support workers were applying a cream that had not been prescribed to the person they supported.

# Is the service effective?

## Our findings

People told us they felt that the majority of support workers who supported them were very good. Though some felt that new support workers didn't always know what they were doing when they visited. One person told us, "I am very happy with the carers but when new ones start it unnerves me sometimes." Another explained, "We get a lot of new people and they have to be trained all over again." The registered manager acknowledged this but felt that the recent recruitment drive would provide stability to the staff team and address this concern.

Support workers told us they had received a period of induction when they first started working at the service. Following this, appropriate training courses such as food hygiene and first aid training had been provided. One support worker told us, "I had an induction and training in medication, moving and handling and safeguarding." Another explained, "I had an induction and we are learning all the time."

The training manager was providing induction training to five new members of staff on the day of our inspection. They explained how they made sure all new support workers received the training and support they needed. They told us that new support workers were taken through the common induction standards to provide them with the knowledge they needed. On the day of our inspection the new support workers were receiving training on health and safety and moving and handling.

Support workers told us they felt supported by the registered manager and the management team. They explained that they had received spot checks and supervisions and staff meetings had taken place. These provided the support workers with the opportunities to improve work practices and provide effective care on an ongoing basis. One support worker told us, "We get reviews and spot checks regularly." Another explained, "The people in the office are very approachable they are always available, I feel supported by them all."

Support workers spoken with told us they had received and understood training on the Mental Capacity (MCA) Act 2005. MCA is a law providing a system of assessment and decision making to protect people who do not have capacity to give consent themselves. One support worker told us, "It's [MCA] about someone who can't make a decision and don't have capacity to make that decision."

The registered manager explained that people's capacity to make decisions was assessed when they first started using the service and where people lacked the ability to do this, best interest decisions were made with people who knew them well. The registered manager told us that at the time of our inspection, there was no one receiving care from the service who lacked capacity to make decisions about their care.

Support workers gave examples of how they obtained people's consent before providing their care and support. One explained, "I always ask them if it is alright for me to help them and I always let them decide what they want to wear."

People told us that they had been involved in the assessment process and that support workers obtained their consent before they supported them. One relative told us, "They always ask whether she is happy for them to help her before they do so. They never do something she doesn't want them to do."

Support workers explained that when they carried out a mealtime call, they supported people to have sufficient food and drink. One support worker told us, "I always ask them what they would like, it says in the care plan, but it is nice to have a choice." Another said, "I make sure they have had their meal and they have had a drink." This showed us that the support workers knew the importance of making sure that people were provided with food and drink.

# Is the service caring?

## Our findings

People told us the support workers who looked after them were kind and caring. One person told us, “Overall I am very pleased with the carers and their manner, they treat my husband very well, they are very respectful.”

We observed support workers supporting people who used the service. They supported them in a thoughtful and respectful manner. We saw the support workers having meaningful conversations with people, talking about their families and what they liked and didn’t like. They had a good understanding of the person’s needs and provided support in a good-humoured manner.

Support workers understood the care and support needs of those they were supporting. Records showed that when people’s healthcare needs deteriorated the workers took the appropriate actions. This included for one person, contacting their next of kin and for another, contacting a healthcare professional.

Support workers explained how they gave people choices and involved them in making decisions about their care. One support worker explained, “I let them make decisions for themselves, such as what to wear, I show them the clothes and ask them what they would like.”

We observed support workers treating the people they supported with dignity and the people we spoke with confirmed that the support workers treated them with kindness and compassion. One person told us, “They [the carers] are very good, they know him [their relative] very well and are very kind.”

Support workers gave us examples of how they maintained people’s privacy and dignity when supporting them. One explained, “When I’m washing someone I always cover them with a towel.” Another told us, “I make sure the curtains are closed and if a relative is there, I close the door.”

People told us that they and their family member had been involved in deciding what care and support they needed. One person explained, “We discussed the help we needed and carers write down what they have done.”

We found that people’s plans of care included their likes and dislikes and these showed the support workers how their needs should be met. For example one person’s plan of care stated, ‘prefers bar soap and two towels for drying’. This meant that support workers could provide their care and support in a way they preferred.



# Is the service responsive?

## Our findings

People who used the service and their relatives explained that although on the whole, they received the care and support they required the continuity of support workers was a real concern to them. One person told us, “They send different carers at the weekend but they are not shown what to do.” Another person explained, “The reliability is not good, the rotas change and sometimes they don’t turn up at all.” A third person commented, “They send rotas out but they get mixed up so I have to ring the office ... I would like the same carers all the time.”

We checked the rotas for five people who used the service because we had been told that regular carers were not always sent. These showed us that they had received a large number of different carers to provide their care and support. This included one person receiving nine different carers to provide 14 calls in one week. We discussed this with the registered manager because although staff knew people’s care and support needs, inconsistency of support workers was a concern to people. The registered manager acknowledged this as a concern and told us that this would be looked into.

People told us they knew who to contact if they had a complaint to make and the office contact details were included in the information held in people’s homes. Not everyone spoken with felt their concerns were taken seriously. One person told us, “They are not very good at all, they always turned up late. I complained but it did not change so we have left and use another agency now”. Another person told us, “It is not the care workers, it is the office staff, they don’t listen.” One person told us that the registered manager was approachable and did try to sort out any problems when they were contacted. There was also praise for the senior staff who were on call for emergencies.

We looked at the complaints log to see if complaints had been handled appropriately. The registered manager was

not aware of a complaint that had been made to the service and which had been brought to the attention of the CQC. This meant that they could not assure themselves that this complaint had been dealt with appropriately. We were told that some of the complaints that had been received had been resolved but the investigations into the complaints or the actions taken had not been recorded.

There was no evidence to suggest that the complaints that had been received, had been used as an opportunity for learning or service improvement.

We found the complaints file difficult to follow and understand. The provider’s complaints procedure had not been followed because the registered manager had not responded to a complainant appropriately or within the timescale stated. This meant that complaints had not been dealt with as required by regulation.

The registered manager explained that people’s care and support needs were always assessed prior to their care package starting. People’s records confirmed this. They explained this was so that they could satisfy themselves that the person’s needs could be properly met. From the assessment, a plan of care had been developed. This included the needs of the person and how they wanted their needs to be met.

The plans of care that we saw were comprehensive, though not all were up to date or accurate. This meant that support workers were at risk of not having the correct information to be able to provide people’s care and support. The plans included information on the person’s likes and dislikes and preferences in daily living but did not accurately reflect the care and support to be provided. We identified that one person had been provided with an extra visit in the evening, though this had not been included in their plan of care. In another person’s plan of care it stated that they were assisted with their incontinence care, when in fact they had a catheter in place.

# Is the service well-led?

## Our findings

The registered manager explained that regular audits were carried out to monitor the service being provided. This included the auditing of care files, medication records and daily records. It was evident that the monitoring of such records had failed to identify shortfalls within them. Care records were not up to date, medication records were not completed accurately and the daily records had not always been completed. This meant that the provider could not assure themselves that the support workers were carrying out the care and support that people required.

We looked at the daily records that support workers were required to complete. These showed us the tasks that had been completed at each visit. It was evident that not every visit had been recorded. This meant that there was a risk that these visits had not taken place and people had not received the care and support they required.

When we checked the medication administration records we found these had not always been completed. This meant the support workers could not demonstrate that they had prompted people to take their medicines or they had applied a person's prescribed cream as required within their plan of care.

These shortfalls had not been identified and the reasons for the shortfalls had not been investigated. This meant that processes to drive improvement were not being followed. This was acknowledged by the registered manager who told us of their plans to give the senior support workers more responsibility within the auditing processes.

People who used the service had been given the opportunity to share their views and be involved in developing the service. Annual care reviews were carried out and six monthly surveys had been completed. Information within the surveys had been collated and the results had been sent out in the form of a newsletter, to the people who used the service and the staff.

Questions asked in the recent surveys returned were around reliability of staff and quality of service. Comments seen included, "I think my carer's are wonderful. Special thanks to [two support workers names] who cope so well and go beyond the call of duty." However this did not reflect the thoughts of all the people who used the service. Some questioned the reliability of the support workers. One person told us, "The turnover is huge [of staff], there is quite a lot of change."

Support workers told us that they felt supported by the management team and they felt able to speak to them if they had any concerns or suggestions of any kind. One support worker told us, "I feel really supported by management, they listen to us." Another explained, "The management are pretty good, I feel supported and feel able to talk to anyone in the office."

Staff meetings were held on a regular basis. This provided support workers with the opportunity to share their thoughts and be involved in developing and improving the service provided.

Support workers spoke positively and showed a good understanding and commitment to the providers overall ethos of the service provided. One support worker told us, "It is a good company to work for because it is a family business and we pull together as a team."