

Harmony Homecare (NW) Limited

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Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Harmony Homecare North West is a domiciliary care agency providing personal care to people in their own homes. 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. At the time of the inspection there were approximately 150 people receiving the regulated activity personal care.

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

Statutory notifications were not always submitted as required, for incidents such as safeguarding concerns. Statutory notifications must be submitted to CQC legally so that we can respond appropriately. We will follow this up outside of this inspection process.

People said they felt safe using the service. There were enough staff to care for people safely and correct staff recruitment procedures were followed. Staff understood about safeguarding and how to report concerns. People's care plans contained risk assessments, with information about how to keep them safe.

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.

There were systems in place to monitor the quality of service including spot checks of staff's practice, staff supervision and audits of areas such as medication and communication logs. Competency assessments for moving and handling had not been carried out, however. We have made a recommendation regarding this.

Rating at last inspection

The last rating for this service was good (published September 2020).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements. For those key questions not inspected (Effective, Caring and Responsive) we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating has remained as good. 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 North West on our website at www.cqc.org.uk.

Enforcement and recommendations:

We have made a recommendation about ensuring moving and handling competency assessments are carried out.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect. 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 safe.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our safe 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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 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.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection, there was a registered manager in post.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity was carried out between 31 May and 21 June 2023.

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 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 4 people who used service and 7 relatives about their experience of the care provided, as well as 7 members of staff.

We reviewed a range of records. This included care plans, medication records, recruitment information, staff training records and records associated with the provider's quality monitoring systems.

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. The rating for this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- People had a range of risk assessments in place regarding their care which covered areas such as the environment, medication, skin and accessing the community. Where any risks were identified, control measures were in place about how to keep people safe.
- Enough PPE was available, which people confirm was always worn and staff said was available in sufficient quantities. One relative said, "The hygiene over all is very high with all the necessary PPE."

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

- Correct procedures were in place if people lacked the capacity to make their own decisions, which were taken in people's best interest. Any assessments of people's capacity were undertaken by the person's social worker.
- Staff understood about the MCA. A member of staff said, "It is about whether people have the capacity to make their own decisions and if it is in their best interests."

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Both people using the service and relatives said they felt the service was safe. One person said, "I'm feeling safe and the carers are excellent." A relative also said, "My relative is very safe with the care and I'm very happy."
- Staff understood about safeguarding and said they had received training. One member of staff said, "If people's appearance was being neglected then that could be safeguarding, also medication errors. Mental, financial and sexual are some of the types of abuse that can occur."
- A safeguarding policy and procedure was in place, explaining what needed to be done if abuse was suspected.
- A log of any safeguarding incidents was maintained and contained details about outcomes and lessons learnt. Accidents and incidents were recorded and monitored.

Staffing and recruitment

- There were enough staff employed to care for people safely. Everyone we spoke with including people using the service, relatives and staff said there were enough staff to deliver the care people needed. One member of staff said, "There are never enough but that is the nature of the role. I don't feel like care is compromised though." A person using the service said, "I think there's enough staff. The carers have excellent punctuality with no missed calls."
- Electronic call monitoring was used and this enabled managers to check people were receiving their care visits at the correct time. Staff said their rotas were manageable and they were given plenty of travel time between visits.
- Staff were recruited safely, with all the necessary procedures followed including interviews, seeking references and carrying out DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medication safely. Medication administration records (MARs) were completed accurately by staff when medicines were administered and there were no missing signatures.
- People who used the service and relatives felt medicines were managed safely. One person said, "The carers do my medication safely and I don't miss any." A relative added, "I'm happy with how the medication is managed by the carers in a very safe manner."
- Staff had completed medication training and said this enabled them to administer medicines safely.
- A medication policy and procedure was in place and provided information about storage, self-medication, refusals and when required medicines.

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. The rating for this key question has now changed to 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

- Statutory notifications were not always submitted to CQC when required. The last notification submitted to CQC was in August 2021, although we were informed of a number of safeguarding incidents that had occurred which we had not been notified about. We will follow this up with the provider outside of this inspection process.
- At the time of the inspection, there was a registered manager in post and they were supported by the nominated individual, directors and a team of office staff who all assisted with the day to day running of the service.
- It is a legal requirement for the ratings from the last inspection to be displayed on any websites operated by the provider and at the office location. We saw these were displayed as required at the main office.

Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; 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.

- Audits were carried out which covered areas such as medication and communication books. Call monitoring information was checked regularly to ensure visits were carried out at the correct times.
- Competency assessments for medication were carried out, although none had been undertaken regarding moving and handling.

We recommend moving and handling competency checks are implemented to ensure transfers (of people) are done in a safe manner.

- Staff supervisions and spot checks were carried out, to ensure staff were supported and that standards were being maintained.
- Systems were in place to involve people, relatives and staff in how the service was run, including the use of satisfaction surveys to obtain feedback. Team meetings were held to gather staff views and monitor performance and development.

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

- Staff achievements and hard work was recognised, with gifts given to them for their efforts by management. Similar gestures of appreciation were also done throughout the COVID-19 pandemic to let

staff know how much their work was appreciated.

- The staff team spoke of a positive culture at the service and said they enjoyed their roles. Staff told us they felt supported by management. One member of staff said, "I have always found them a good company to work for. I can ring them if a problem, even with personal issues and they are we great. We are all close and work well together."
- Everybody we spoke with said they felt the service was well-led. One member of staff said, "Yes, the management is good. They look after their staff and we have a good team. Problems get sorted out." A person using the service also said, "I would rate the manager as excellent and they can be contacted at any time. I've made no complaints since I've started using the service."
- People achieved good outcomes through the care delivered and the feedback we received from people was positive. One person said, "The quality of care is excellent. The carers have a brilliant personality and I can't say anything bad about them." Another person said, "I would give 10/10 for standards. The carers have a very good personality and are very good to talk to and I feel at ease."
- Relatives also spoke positively about the care provided to their loved ones. One relative said, "I would rate the care quality as very good. The carer we have is excellent. She works over and above." Another relative added, "The quality is second to none. They are very respectful and warm hearted people."

Working in partnership with others

- The service worked in partnership with other agencies as required including local authorities and social work teams.
- Prior to our inspection we sought feedback from various health care professionals, all of whom provided us with positive feedback about the service provided.
- The service had good links in the local community. This included walks for charity, cooking hot meals for people in winter and involvement with a local pensioners group.