Harmony Homecare Limited

Harmony Homecare Limited - 164 Birchfield Road East

Inspection report

164 Birchfield Road East
Abington
Northampton
Northamptonshire
NN3 2HF

Tel: 01604711009

Date of inspection visit:
14 May 2018
15 May 2018
16 May 2018

Date of publication:
30 July 2018

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?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This announced inspection took place on 14, 15, and 16 May 2018.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to adults. At the time of inspection, the provider was supporting 48 people with personal care.

Not everyone using Harmony Homecare Limited receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

There was a registered manager in post, they were also the provider. 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.

At our last inspection on the 7 and 12 April 2016, we rated the service "Good." At this inspection we found that the service 'Required Improvement'.

The quality assurance processes in place to monitor the quality and safety of the service and drive improvement required strengthening. Audits had not identified gaps in the information provided on medicines administration record charts (MARs) or gaps in the recording of medicines administered to people.

Staff recruitment procedures needed to be strengthened to ensure that all necessary risk assessments had been completed as part of the staff selection process.

Staff induction training and some on-going training was provided to ensure that staff had the skills, knowledge and support they needed to perform their roles. However, staff would benefit from regular updates of a broader range of training. We have made a recommendation about the scheduling of staff refresher training.

Staff were well supported by the registered manager, and had regular supervision meetings.

People continued to receive safe care. Staff understood their responsibilities to keep people safe from harm. Safeguarding procedures were in place and staff understood their duty to report potential risks to people's safety.

Risk assessments were in place to manage risks within people's lives. There were arrangements in place for the service to make sure that action was taken and lessons learned when things went wrong, to improve

safety across the service.

Staffing levels ensured that people's care and support needs were safely met. People received support from a regular team of staff, who knew them well. Staff treated people with kindness, dignity and respect and provide their care based on their needs and wishes.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were involved in their own care planning and were able to contribute to the way in which they were supported.

Staff supported people to access support from healthcare professionals, and supported them to maintain a healthy lifestyle. The service worked with other organisations to ensure that people received coordinated and person-centred care and support.

The provider had a process in place which ensured people could raise any complaints or concerns.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service has deteriorated to Requires Improvement

Improvements were required to the recording of people's medicines.

Recruitment procedures required strengthening.

Staff were clear on their roles and responsibilities to safeguard people.

Staffing levels were sufficient to provide people with safe support.

Risk assessments were in place and were reviewed and managed in a way which enabled people to receive safe support.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Requires Improvement

The service has deteriorated to Requires Improvement

The quality assurance processes in place required strengthening to ensure sufficient oversight of the service.

A registered manager was in post; they encouraged a culture that was positive and supportive of people and staff.

People, their relatives and staff were encouraged to contribute to the running of the service and their feedback was valued.

Harmony Homecare Limited - 164 Birchfield Road East

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.

This comprehensive inspection took place on the 14, 15 and 16 May 2018 and was announced. We gave the service 48 hours' notice of the inspection as we needed to ensure that staff were available to support the inspection. We made telephone calls to people, relatives and staff on the 14 May, we visited two people who used the service at their homes and the office location on 15 May and spoke to a member of staff on the telephone on the 16 May.

The inspection was undertaken by one inspector and one assistant inspector.

Prior to the inspection, the registered manager had completed a Provider Information Return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report.

We reviewed the information we held about the service, including information sent to us by other agencies, such as Healthwatch; an independent consumer champion for people who use health and social care services. We also contacted commissioners and asked them for their views about the service. Commissioners are people who work to find appropriate care and support services for people.

During this inspection, we visited two people who used the service at home and spoke with five people and three people's relatives on the telephone. We spoke with six members of staff, including the registered manager. We looked at records relating to the personal care and support of five people using the service. We also looked at four staff recruitment records and other information related to the management oversight and governance of the service. This included quality assurance audits, staff training and supervision information, staff deployment schedules and the arrangements for managing complaints.

Requires Improvement

Is the service safe?

Our findings

There was a system in place to manage the administration of people's medicines. However, we found that medicine administration record sheets (MARS) were not consistently being completed in line with current guidance. For example, some handwritten instructions for medicines did not contain the strength of the medicine that had been prescribed. There were also gaps in records of medicines that had been administered to some people. The registered manager provided possible reasons for the gaps in recording but this information should have been available from the records. In response to our findings the registered manager has undertaken a review of the administration of medicines procedure to ensure that there are sufficient measures and checks in place to monitor the quality and consistency of medicines records. All staff received training in the administration of medicines, this was refreshed every two years and staff told us they felt confident to put the training they had received into practice.

Staff recruitment processes needed to be strengthened and care taken to ensure that these consistently provided assurance that staff were of sufficiently good character to work in the service. Although criminal record checks were carried out before staff were allowed to work with people, the registered manager had not consistently obtained written references for all new members of staff. We saw that written references had been requested for all staff, however, verbal references taken over the telephone had been accepted for some staff. This was discussed with the registered manager, who explained that although written references were requested, these were not always returned. The registered manager recognised the risks involved and agreed to implement a risk assessment and procedure to clarify the action to be taken when references were not forthcoming for new staff. Although the provider took immediate action to rectify the issues identified by us at the time of inspection, their recruitment practice has not been embedded.

People, their relatives and staff told us that there were enough staff to provide their care and support. One person said, "I'm happy with the time they come and within reason they stick to it. I've had no visits missed. If they are ever late there is always a reason, like an emergency." Another person's relative said, "The carer arrives on time and will always be within fifteen minutes of the call time and will ring to let us know on the odd occasion they are running late." A member of staff said, "Yes, I get to my visits on time, there might be a delay if traffic is bad or road works, but I just let the office know and they contact the person. There's good teamwork between the office and carers."

The people we spoke with told us they felt safe with the staff supporting them. One person said, "Yes, they [staff] check the back door and shut the windows for me." Another person said, "Yes, totally safe, I know them all so well." Staff understood their responsibilities in relation to keeping people safe from harm. Staff we spoke with had a good understanding of safeguarding procedures, and knew how to report abuse. One member of staff said, "I would report any safeguarding to the manager, I could also go outside the company if needed, we also have a whistleblowing policy."

Staff had the information they required to ensure people's support was provided in a safe way. There were risk assessments in place, which gave staff clear instructions on how to keep people safe. For example, we saw assessments in people's care files that identified risks associated with falls, moving and handling and

medicines. Where risks had been identified appropriate controls had been put in place to reduce and manage the risk; these control measures took account of people's choices and independence.

All staff understood their responsibilities to record and investigate any accidents and incidents that may occur. Where incidents had occurred within the service, these were reviewed by the registered manager and action taken as necessary. We saw that the manager regularly communicated with staff regarding any concerns, to enable learning and improve practice. Records were updated to reflect any changes in people's needs to enable staff to support people in the safest manner possible.

People were protected from risks to their health and well-being by the prevention and control of infection. People and their relatives told us that staff worked in a hygienic way. One person's relative said, "The carers wash their hands and wear gloves." Personal protective equipment (PPE), such as, disposable gloves and aprons were available to prevent the spread of infection. People's care plans contained information about any infection risks.

Good

Is the service effective?

Our findings

People's care needs were assessed to identify the support they required. Each person received an assessment of their needs before the service agreed to provide their care. The initial assessment considered all the areas in which staff may need to support the person, including, medical needs, personal care needs and communication needs. The information gathered was used to produce a plan of care. Follow up reviews took place to make sure people were happy with the care they were receiving and to ensure that the service was meeting their needs.

Staff received a thorough induction before working alone with people. One member of staff said, "I've worked in care for many years and this was the best induction I've had." A programme of training was in place; some training, for example emergency first aid, manual handling and medicines training was updated at regular intervals. However, other training such as health and safety and mental capacity training did not have any updates scheduled. Staff were not provided with regular opportunities to refresh and update their knowledge and skills in these areas. We recommend that the service finds out more about training for staff, based on current best practice, in relation to the appropriate timescales for refresher training to be provided.

People and their relatives told us that they were happy with the level of knowledge and skills demonstrated by staff. One person told us that they thought staff were, "Very well trained." Another person's relative said that staff were, "Very good, very attentive and very professional." And "Well able to do the job."

Staff said they were well supported in their job role. One member of staff said, "We have supervision, but if I had a problem I can just go into the office any time and talk to [registered manager]." Staff received regular supervision, which gave them the opportunity to discuss their work and personal development. Senior staff also carried out regular spot checks of staff carrying out care calls and provided feedback on their performance.

Where needed, people were supported by staff to have sufficient food and drink. Staff knew the importance of making sure people were provided with the food and drink they required to keep them well. People's support plans described how they were supported to make their own food choices and what assistance was required with food preparation or eating and drinking. There was guidance for staff in relation to people's dietary needs and likes and dislikes.

The service worked and communicated with other agencies and staff to enable consistent and person centred care. People had input from a variety of professionals to monitor and contribute to their on-going support. For example; occupational therapists and district nurses.

People's healthcare needs were monitored and people's care plans contained information on how support should be delivered effectively. People had regular access to healthcare professionals and staff responded appropriately to acute changes to people's health and well being. One member of staff told us, "I found one of my clients on the floor, I called an ambulance, let their family know and contacted the office."

People were encouraged to make decisions about their care and their day-to-day routines and preferences. 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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. In domiciliary care settings, this is under the Court of Protection.

Staff received training on the MCA and DoLS legislation. The registered manager and staff understood and worked within the principles of the MCA legislation. Staff described how they supported people in line with the principles of the MCA. One member of staff said, "People may not understand or remember things to make their own choices, then their mental capacity needs to be assessed."

Good

Is the service caring?

Our findings

The service had a supportive and caring culture and people continued to experience positive, caring relationships with staff. People and their relatives were complimentary about staff and valued their relationships with them. One person said, "I think they are tip top, nice people." Another person said, "The carers are very good, very understanding, I would recommend them." One person's relative told us, "They [staff] are ever so kind and considerate, [family member] likes them."

Staff spoke positively about their work. One member of staff said, "I think this job is amazing, I really love it." Staff demonstrated their knowledge of people and told us what was important to people, their likes and dislikes and the support they required. A member of staff told us, "I have regular clients and get to know them well. I treat them as I would want to be treated." Another member of staff said, "I have a good connection with all my clients, because I know them so well." All the staff we spoke with confirmed that they worked with people consistently and were able to get to know their needs and preferences.

Staff understood the importance of promoting equality and diversity, respecting people's cultural and religious beliefs, their personal preferences and choices. One person told us that they had informed the service that they would like their personal care provided by female staff only; they said that this had been respected and they were always visited by female staff. People and their relatives consistently told us that they had been fully involved in the decisions about how their care and support would be provided. People were aware of their care plan and told us that they had been involved in discussions about the information it contained.

Staff understood the importance of respecting people's privacy and dignity when providing people's support. One person's relative described how the staff supported their family member with personal care; saying, "They always draw the curtains." We saw that staff interacted with people in a respectful manner and staff described how they upheld people's dignity when supporting them with personal care.

Confidential information regarding people's care was stored securely and only shared with people's consent on a need to know basis. Staff understood the importance of confidentiality. One person told us, "They [staff] never talk about the other people they care for when they are here." A member of staff said, "We don't talk about the people we support outside of work, their information is private."

People were supported to be as independent as they were able to be; staff encouraged each person to achieve as much as they could by themselves. One person said, "I really like it that they will walk with me to my freezer in the garage, so I can choose for myself what food I want to get out."

Good

Is the service responsive?

Our findings

People received care and support that was responsive to their needs and staff were committed to providing individualised support. One person's relative said, "I'm really pleased, they are absolutely brilliant and will come when we want them to." Another person's relative told us that staff had worked flexibly with their family member to provide their personal care in the way they preferred.

From people's pre-assessments, care plans were developed with people that set out how the staff would provide their support. Reviews and updates to care plans took place, with the involvement of people as and when their needs had changed. This ensured people consistently received appropriate care and support.

People and relatives we spoke with said that when people's care was being planned, they were fully involved. Support plans contained information about people's needs and how they wanted their support to be provided. People told us that staff followed their care plans in practice. For example, one person required staff to help them to dress in a specific way due to a medical condition. The person told us that all the staff who visited them were aware of this and supported them in a way that they were comfortable with.

People's support plans contained information about their history, values and beliefs, cultural needs and preferences and religious and spiritual needs. Staff knew this information and used this to deliver personalised care and support. For example, one person's support plan detailed their family history, past employment and religious beliefs. This provided staff with information to support meaningful interaction.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers of NHS and publicly funded bodies to ensure people with a disability or sensory loss can access and understand information they are given. The provider was able to access information regarding the service in different formats to meet people's needs, for example large print. We saw that people's care plans contained information about their communication needs.

People were encouraged to raise any concerns or complaints. People and their relatives said they knew who to speak to at the service if they had any complaints. One person said, "I have never had any complaints, but if I did, I would just ring the manager." Another person's relative told us they had no need to make a complaint, but they were aware that the complaints procedure, "Is in the folder and [staff member] went through it." We saw that there was a clear complaints policy and procedure in place, and this was accessible to people in their care folder. Complaints received had been dealt with appropriately and were logged and monitored.

At the time of the inspection, no people using the service were receiving end of life care. The service understood the importance of providing good end of life care to people and supported people to have conversations about their wishes for the end of their life.

Requires Improvement

Is the service well-led?

Our findings

Improvements were required to the quality assurance systems in place to monitor the quality and safety of the service. Senior staff carried out audits to monitor quality and safety, however, these were not always effective in identifying shortfalls and driving improvements. Medicines audits had not identified that improvements were required to medicines record keeping.

Recruitment procedures required strengthening. The system in place for the recruitment of new staff did not address the risks associated with written references not being received.

Appropriate systems and audits were in place in other areas to monitor the quality and safety of the service; these were undertaken by senior staff and the registered manager. These helped to highlight areas where the service was performing well and the areas which required development. For example, daily logs and people's visit times were regularly reviewed and actions were implemented when any improvements were required.

A registered manager was in post, they were also the provider. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

The service had a clear vision and values, that all staff were committed to working together to achieve. One member of staff said, "We all work together to make sure people get good care, [registered manager] makes us feel as if we're all in this together." The registered manager was available to people and staff and had a good awareness of all aspects of the running of the service. Staff told us, "[Registered manager is good, she's always willing to help out with any issues."

People and their relatives provided positive feedback about how the service was run. One person said, "I would definitely recommend this agency, in fact I have recommended it to my neighbours." Another person's relative said, "It's been a godsend. I have recommended to others and they have been really happy." Another person's relative told us, "Very good, very, very pleased with the service."

The service had an open culture where staff had opportunities to share information; this culture encouraged good communication and learning. Staff told us that they felt proud to work together as a team to provide people's support. One member of staff said, "If there is a problem, [registered manager] has us all in to chat about it, we are able to speak and have our input." Staff meetings took place, which covered a range of subjects. We saw minutes of meetings held, and these reflected open discussions about; people's care needs, medicines administration and the importance of following safe procedures. However, the registered manager acknowledged that the service would benefit if staff meetings were scheduled more frequently.

The people using the service and their relatives were able to feedback on quality. One person told us, "I have completed a survey, they also come to see you and check that you are happy." We saw that quality

questionnaires were completed by people, which enabled them to provide their view of the service they received. All feedback had been responded to by the registered manager and action taken where required.

The service worked in partnership with other agencies in an open honest and transparent way. Safeguarding alerts were raised with the local authority when required and the service had provided information as requested to support investigations.

The provider is required to display their latest CQC inspection rating so that people, visitors and those seeking information about the service can be informed of our judgments. The provider has displayed their rating at the office location as required.