

# Harmony Home-Led Care Limited

# Harmony Home-Led Care

## Inspection report

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11 May 2023

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Harmony Home-Led Care Limited is a domiciliary care service that provides 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 our inspection, there was a total of 6 people receiving support. Only 3 people were receiving personal care from the service.

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

People were safe. Policies and procedures were in place to guide care workers on how to keep people safe and what they had to do if they had concerns. Care workers understood the risks to people's safety and wellbeing and what they should do to keep people safe.

There was enough care workers to support people. No new packages of care would be taken on unless there were sufficient care workers. People were supported by care workers that knew them well. Systems were in place to ensure the right staff were recruited.

Care workers received relevant training to help them meet people's needs. Care workers were well supported by the registered manager and the management team. Care workers had regular individual supervisions and monthly team meetings. These along with spot checks were used to encourage continual learning and to make improvements to the service.

Care workers respected people's rights to privacy, dignity, and independence. They knew the person they were supporting well and described care that was person centred and very much led by the individual. People told us the care workers were caring, kind and respectful.

People were supported to have maximum choice and control of their lives and care workers supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The registered manager and provider monitored and reviewed the quality of service. This included checking the views of the person using the service about the care and support they had experienced and any areas for improvement.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update

This service was registered with us on 16 December 2021, and this is the first inspection. The service was not providing regulated activities until August 2022. The service has been rated good.

### Why we inspected

This was a planned inspection to check whether the provider was meeting legal requirements and regulations, and to provide a rating for the service as directed by the Care Act 2014.

### 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.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below

### Is the service responsive?

Good ●

The service was responsive..

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Harmony Home-Led Care

## 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

This inspection was completed by 1 inspector.

#### 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 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 there was a registered manager in post.

#### 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 9 May 2023 and ended on 11 May 2023. We visited the location's office/service on 10 May 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the service registered. 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 the registered manager, the director of finance, director of compliance, the director of human resources and an office administrator on the day of the site visit. We reviewed a range of records including 3 people's care plans and medicines administration records and risk assessments. We reviewed recruitment records for three care workers, training records and records relating to the management of the service.

We spoke with 2 people using the service, 2 relatives and 4 members of staff on the telephone. In addition, we received feedback via email from a health and social care professional, a relative and a member of staff. You can see what they told us in the main body of the report.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People confirmed they were safe whilst receiving care and support and raised no concerns in respect of their care. Comments included, "Very safe", "All women staff, which makes me feel very safe", and "Totally safe".
- Systems were in place to safeguard people. This included policies and procedures explaining to care workers their role and who they needed to report any concerns to. This was also shared with all care workers in the staff handbook, which was given to them when they first started working for Harmony Home-Led Care Limited.
- Care workers described their roles in keeping people safe and what they needed to do if any concerns or allegations of abuse were witnessed or raised with them. They had confidence that the management team would take the appropriate action and put safeguards in place.
- There had been no safeguarding concerns raised since the agency started operating. The registered manager was able to describe what actions would be taken including contacting the local authority safeguarding team.

Assessing risk, safety monitoring and management

- People were kept safe. Systems were in place to ensure information was gathered before people started with the service. The registered manager met with people and their relatives to ensure they could meet the person's individual needs. This was an opportunity to discuss any risks and any support needed.
- Risk assessments were in place and kept under review. These included falls, pressure wounds, moving and handling, skin integrity, eating and drinking and any medical conditions such as diabetes. Care workers knew people well and understood their risks and how to manage them safely.
- Environmental risk assessments were completed to ensure people's homes were safe. These were kept under review. Care workers completed training in health and safety, including first aid and moving and handling.
- There was a business contingency plan in place. However, there was no documentation in place enabling decisions to be made on priority visits for people in the event of an emergency such as poor weather conditions. The registered manager had good oversight of the three people who were receiving regulated activity. However, as the service grows this should be put in place to safeguard people in the event of an emergency.

Staffing and recruitment

- People were supported by care workers who had checks completed prior to starting their employment. Checks included obtaining references, their rights to work in the UK and a disclosure and barring service check (DBS). A DBS check provides information including details about convictions and cautions held on the

Police National Computer. The information helps employers make safer recruitment decisions.

- People told us they were supported by a small consistent team of care workers. They told us there had been no missed care visits, care workers were punctual and always stayed the full amount of time.
- Care workers said they had sufficient travelling time between visits and visit times were appropriate to complete the support people needed.

#### Using medicines safely

- Systems were in place to ensure this was done safely should people require support with their medicines. This included policies and procedures, clear information in people's care plans on the support they needed with their medicines.
- Care workers had received training in medicine administration, and this was updated annually.

#### Preventing and controlling infection

- Care workers told us they had a good supply of personal protective equipment, which was provided by the service. Care workers received infection control training and information was shared with them on how to minimise risks in respect of COVID.
- People confirmed the care workers left their homes clean and tidy after each visit. A person told us, "Staff always clean the kitchen after preparing the breakfast or the lunch and tidy the bathroom".

#### Learning lessons when things go wrong

- There had been no accidents or incidents since the service started operating. The registered manager confirmed there would be a tracker detailing the incident and the actions taken to minimise further risk.
- Care workers knew how to report accidents and incidents if they occurred. One member of staff told us, "I would fill in a report and telephone the office as well."



# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before their service commenced with Harmony Home-Led Care Limited. A relative confirmed they had met with the registered manager to discuss what they needed.
- The assessment documentation was comprehensive and gathered information from the person, their relatives, and relevant professionals. The registered manager told us they would only accept new care packages when they had the resources available to ensure they could meet the person's needs.
- People's care and support plans was person-centred and demonstrated people's protected characteristics under the Equality Act 2010 were considered.

Staff support: induction, training, skills and experience

- People and their relatives told us the care workers had the skills to provide effective care. One person told us, "New staff are introduced prior to helping me, they work alongside my experienced carer". They said this was really important to them. Everyone we spoke with spoke positively about the care workers.
- Care workers told us they completed a comprehensive induction and training to ensure they had the skills and knowledge to perform their role. One staff member said, "Yes I completed the Care Certificate and spent time in the office completing online training". They told us they had completed this prior to working with people. The registered manager said new care workers always shadow more experienced care workers until they are confident in their roles.
- Care workers completed an induction to orientate them to the company and the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- There was a programme of training, supervision, and annual appraisals. The agency was still in their infancy and the registered manager said not all care workers had worked for the agency for 12 months. There was a schedule in place and a tracker to ensure care workers received regular training and support.
- Care workers said they were supported in their roles and felt the training had equipped them to support people.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Where people needed support with eating and drinking this was clearly recorded in the plan of care. This included their likes and dislikes. There was clear guidance on how to support people with their cultural diets, which was important for some of the people they were supporting.

- Care plans included information about people's health conditions and the support they needed to maintain good health. A member of staff told us they supported a person with diabetes and had received training to enable them to support them in this area.
- Relatives confirmed that care staff will make contact with health and social care professionals as needed. The registered manager and the office staff were liaising with a person's GP during the inspection to ensure they got the help they needed. They also gave another example where a person with swallowing difficulties had recently had a medicine review, and this was now provided in liquid form.

#### 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 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 MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager informed us there was currently nobody using the service who lacked the capacity to consent to their care or treatment and therefore applications to deprive a person of their liberty had not been required.
- Care workers had completed training in the Mental Capacity Act and were aware of the importance of involving people and their families in making decisions about their care and support. Care workers told us, "Always ask before completing any care and support".
- Care records included assessments in respect of people's mental capacity and whether there was a lasting power of attorney in place.

# Is the service caring?

## Our findings

CCaring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated 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

- Everyone we spoke with confirmed they were treated respectfully and supported in a way they liked. Comments included, "Brilliant, staff really good", "Yes, definitely the staff are kind and caring, no concerns", "Amazing slotted into family really well" and "Staff are really understanding as I have a variable condition".
- People's care was planned with them and tailored to their individual needs. The registered manager and the senior management team were passionate about getting it right for the person. Care workers echoed these sentiments describing people they supported in a very individualised way.
- Care workers had attended training in equality and diversity. Care workers spoke about the people they were supporting in a kind and caring way recognising their individual characteristics.
- The service was supporting some people from the local Somali community. Care workers were mapped to people to ensure their cultural needs could be met. A relative commended the service telling us there was a real gap, which has been filled. They told us, the impact on the care of their loved one was 'amazing' as staff embraced the culture and the needs of their loved one. They said, "It has been a lifeline".

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

- People and their relatives were supported to express their views about the care and support that was provided. The registered manager had introduced monthly questionnaires for people to seek their views. Feedback so far was extremely positive.
- Care workers supported people to make day to day choices about their care and support. Care workers described to us how they supported people to make choices in a number of ways such as physically showing objects and involving them in what they wanted to do and when.

Respecting and promoting people's privacy, dignity and independence

- Care workers respected people's privacy and dignity and had a good understanding how to promote this when supporting people. A person told us, "All staff are respectful of me and my belongings".
- People's care plans included what they could do and where they needed support. For example, what clothes a person can put on and where they needed help. A member of staff told us that one person needed more assistance in the morning in getting dressed but was able to do this in the evening. This showed that people's independence was promoted and their involvement in their care.
- People told us they were never rushed, and staff always stayed for the full duration of the call. One person told us my condition is variable so some days I need more help, but the staff work on their initiative and just get on with it".
- The provider followed data protection law. People's information was kept securely so their confidentiality was maintained.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People's care was planned with them. Care plans contained detailed person-centred information for care workers. This included people's preferences and choices for how they wanted to be supported.
- The registered manager told us people's care and support plans would be reviewed every six months or as needs changed. It was evident from talking with people and their relatives they had regular opportunities to discuss their care and support needs to ensure it was working for them.
- Care workers completed daily records of visits. Records included personal care given, general well-being, and any areas of concern. This helped with good communication between care workers which ensured continuity for the person. These were reviewed by the office staff monthly.
- People and their relatives spoke positively about the service. One person told us, "It's a flexible service, which listens". A relative said, "At first I was apprehensive with people coming into my home but was soon put at ease. The carers are brilliant, so pleasant".

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had their communication needs detailed in their care plans. This ensured care workers communicated effectively with people. For example, one person should not be rushed and given time to respond enabling them to effectively communicate with care workers.
- Some people's first language was not English so were linked with care workers that could speak the same language. This was viewed extremely positively by family ensuring their loved one's voice was heard and listened too.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's care plans included information about important people in their life, their hobbies and interests.
- One person was supported recently to attend a place of worship as this was important to them. Another person was supported to go for regular walks enabling them to get out of the home and meet people.

Improving care quality in response to complaints or concerns

- People received a client handbook when they started using the service, which clearly explained how they

could complain to the provider and other agencies.

- People we spoke with told us they had not had any need to complain but would speak with care workers and the office. The registered manager said there had been no complaints since they had started operating.

#### End of life care and support

- No one at the service was receiving end of life care. The registered manager said they had worked closely with the palliative care team to support a person in the past. It was evident they would respect the wishes of the people they supported should they want to remain in their home at the end stages of life.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The provider was committed to providing care that was person-centred enabling people to be as independent as possible and enabling them to remain living in their home. Feedback from people and relatives was positive in respect of the care workers and the management team.
- The management team encouraged an open and inclusive culture. They were visible, approachable and evidently took an interest in people's lives. People confirmed they had regular contact with the management team and had good relationships with their care workers.
- Care workers felt the management team were supportive. Care workers told us, "They not only care for the people we support but they care about us, and I am very grateful." They gave an example when their car broke down and the registered manager had organised alternative transport. Another care worker told us, "I have regular contact with the office, they are very supportive".
- No negative feedback was received, although care workers told us they were looking forward to the agency growing so they could have additional hours. It was evident they enjoyed working for Harmony Home-Led Care Limited.

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 registered manager was aware where concerns had been identified, appropriate notifications should be sent to the CQC as required by law, and to the local authority.
- They were aware of the duty of candour, that if mistakes were made, they had a duty to be open and honest, issue an apology and take any necessary action.

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

- Systems were in place to monitor the quality of the care and drive improvement. Various audits were carried out by the registered manager, including audits of care plans, medicine administration, health and safety and staff training.
- Policies and procedures were in place to ensure the smooth running of the service. These were discussed in supervision and team meetings. This ensured care workers were working consistently and to the expectations of Harmony Home-Led Care Limited.
- Spot checks of staff were completed to ensure care workers were working in accordance with the agency. This is where a member of staff was observed carrying out the care and support in people's homes.

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

- People and their relatives confirmed they had regular contact with the senior management team. A person told us, "I spoke with the manager this morning, it is working really well". Another relative told us, "The managers keep in constant contact to make sure she is feeling content and would deal with any query as soon as possible with the utmost heedfulness to her needs".
- Monthly surveys were completed by care workers and people they supported. Whilst these were reviewed these had not been analysed with a summary of the findings. Moving forward as the service grows, this would be beneficial to drive improvement. Overall people were very satisfied with their care and care workers were extremely satisfied with their working conditions. This correlated with what people and care workers told us.
- Care workers confirmed they had regular contact with the registered manager either in person or by telephone. They also confirmed they could visit the office to meet with the management team at any time. An on-call system was in place to support care workers when the office was closed.
- Monthly meetings were held to share good practice and update care workers on any changes. Care workers said these had been useful in keeping up to date with guidance and any changes.
- The service had received compliments from people, relatives and a local community group. The local community group said, "Your teams unwavering commitments to caring for others is a true inspiration. Your efforts have made a real difference to the lives of people."

Continuous learning and improving care; Working in partnership with others

- The registered manager was focusing on improving and developing the service. They were planning to move from paper to electronic systems. They told us that this would also enable relatives to access information in real time providing them with assurances that care was being carried out at the specified times. Presently daily records of care and medication records were in paper format.
- The provider engaged in local forums and worked with health and social care professionals to improve care and support for people using the service.
- A social care professional told us, "Feedback from my clients using the service has been positive. Clients say they are extremely happy with attendance, time keeping and completion of tasks by the carers is done with respect".