Harmony Care Homes (2003) Limited

Highgate Road

Inspection report

91 Highgate Road
Walsall
WS1 3JA
Tel: 01922 474336

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Good**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

This inspection took place on 4 March 2015 and was unannounced. We last inspected this home on 17 September 2013 and found there was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2010. Following this inspection the provider was requested to send us an action plan to tell us the improvements they were going to make. We found that improvements had been made during this inspection.

Highgate Road is a residential home providing accommodation and personal care for up to six younger adults with learning disabilities or autistic spectrum disorder, physical disability and sensory impairment. It is a requirement that the home has a registered manager in post. The manager left the home in September 2014. A new manager was appointed to the home in January 2015 and has applied to register with us. 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 told us that they felt safe living at the home. Relatives of people told us they felt the home kept people

Summary of findings

safe. Staff we spoke with told us they understood their role in keeping people safe from the risk of abuse and would report concerns. People received their medicines at the correct times and as prescribed.

People were supported by adequate numbers of staff. However, we found the provider did not have a process in place to take account of people's changing needs when determining staffing numbers.

Staff did not have a clear understanding of their role and responsibilities with regard to DoLS. The manager was in the process of arranging training to improve staff knowledge. People's capacity to consent and records of decisions had not been completed.

People and their relatives thought the food was good. People were encouraged to make their own decisions about the food they wanted. We saw that people who required assistance with eating were supported appropriately by staff.

People had access to other health-care professionals as and when they required it.

People thought that staff were kind and caring and that they were treated with dignity and respect.

A range of social activities were available to suit people's needs and choices.

Relatives of people living in the home told us they found the staff and manager approachable and told us they would feel comfortable to raise any complaint or concern should they need to.

The new manager had made improvements to the quality audit systems used within the home to monitor and improve the quality of the service provided.

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 safe.

People were safe because staff understood their responsibilities to protect people from the risk of abuse and how to report it. People received their medicines when they needed them and as prescribed because they were safely managed and monitored.

Good

Is the service effective?
The service was not consistently effective.

People could not be assured that their rights were protected because staff did not fully understand their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People were supported to have enough food and drink when and how they wanted it. People's health care needs were met with the support of other health professionals.

Requires Improvement

Is the service caring?
The service was caring.

People were treated with kindness and compassion. People received care that met their needs. People were treated with respect and staff understood how to provide care in a dignified manner. Staff respected people's rights to privacy.

Good

Is the service responsive?
The service was responsive.

People were supported to make choices about their day to day lives. Staff supported people to be involved in social events and maintain relationships. People and their relatives had the information required to raise concerns or complaints if they needed to.

Good

Is the service well-led?
The service was well-led.

Relatives and staff were complimentary about the new manager and felt concerns would be listened to and issues addressed. Staff understood their roles and responsibilities. Systems were being developed to monitor the quality of care provided.

Good

Highgate Road

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.

The inspection took place on 4 March 2015 and was unannounced. At the time of the inspection there were five people living at the home.

The inspection team consisted of one inspector. As part of our inspection we reviewed information we held about the home including information of concerns. We looked at statutory notifications sent by the provider. A statutory notification is information is information of events which the provider has to notify us about by law. We contacted other agencies to gain their views about the quality of the service provided. This included the local authority. We used this information to help us plan our inspection of the home.

We spoke with two people who lived at the home and two relatives. We spoke with four care staff and the manager. We looked at three records relating to people's care, medicine records and records relating to the management of the home. We also looked at staff recruitment files and training documents.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

Good

Is the service safe?

Our findings

At our last inspection on 17 September 2013 we found that the provider was in breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2010. This was because people were not cared for in a clean, hygienic environment. During this inspection, we found that all the required improvements had been made.

One relative told us, "The home is always clean and tidy I have no concerns." We saw that the manager had recently completed an infection audit of the home and compiled an action plan of required improvements. The manager told us they felt they "needed support in this area" and had made arrangements for the infection control nurse to visit to offer advice on areas of improvement. We saw that the manager had reviewed cleaning schedules and staff informed us that they were aware of the need to keep the home clean to reduce the risk of infection. We looked at the laundry room and saw that there was a dedicated clean and dirty route and laundry containers had lids. The manager informed us that a new washing machine was being purchased as the current one was not reliable. This demonstrated the home took appropriate steps to reduce the risk of contamination from dirty to clean laundry. The manager informed us and we saw that new cleaning equipment was being used and infection control colour codes had been changed in line with national health service guidelines. Staff we spoke with were aware of the change.

People told us they felt safe. One relative told us, "Yes [person's name] is safe." All the staff we spoke with understood their responsibilities to keep people safe and protect people from harm. One staff member told us, "People are safe we take care of people." Staff understood the different types of potential abuse and actions they might take to reduce the risk of abuse. Staff had received relevant training and understood their responsibility to report any concerns. Staff told us the manager was new however, they had confidence that the manager would listen and act on any concerns raised. Staff were aware how they could whistle-blow which meant they could take concerns to appropriate agencies outside the home if needed to keep people safe.

People and their relatives spoken with felt any risks were managed and dealt with appropriately. Staff we spoke with understood how to protect people where a risk had been identified such as with their mobility. We observed two staff members supporting a person with their mobility we saw that this was done safely. Staff told us they knew how to support and protect people they cared for from the risk of injury from their experience of working with people they supported and not from the care plans. We looked at three records and found that risks to people's health and well -being were detailed in people's care plans. We found that whilst some information in the care plans had not been reviewed or updated, there were other systems in place which ensured that staff were aware of people's current risks and support needs. We found that regular communication enabled staff to discuss people's risks on a day to day basis.

Staff told us and records confirmed that staff were aware of the system of reporting incidents and accidents. We saw that Information was logged in daily records detailing any incidents that had occurred and reported to the manager. We found the provider did not complete an analysis to identify trends. We spoke with the manager who informed us that they were developing a system which would be used to identify recurring issues which would help prevent re-occurrence wherever possible so that people were kept safe.

People and relatives spoken with thought there were enough staff on duty to meet people's needs. One relative told us, "I feel there is enough staff available." We saw staff spent time with people supporting them to undertake tasks and social activities away from the home. Staff we spoke with did not think staffing levels were unsafe but one staff member told us, "There could be more staff sometimes shifts need covering and we have to get agency staff in." We spoke with the manager about how the numbers of staff were determined. We were informed that staffing numbers were determined on the needs of people at the home but a formal assessment of people's dependency had not been completed. We saw that there were sufficient numbers of staff on duty to support people to be independent and to participate in their personal interests.

Staff we spoke with told us they had been interviewed and checks had been made before they were employed. We found appropriate checks had been completed prior to the employment of these staff. These included Disclosure and

Good

Is the service safe?

Barring service checks (DBS). DBS checks enable employers to check the criminal records of employees and potential employees so they can be sure they are suitable to work at the service.

We observed staff safely administer and support people to take their medicines. Some people had medicines that they took only when required. Staff we spoke with told us how they ensured people received their medicines when they required it to manage their health needs. We saw that people's medicines had been recorded when they had received them and Medicine Administration Records (MAR) had been completed appropriately. We saw that medicines were stored securely and staff kept a record of the temperature of the room and of the fridge, so that medicines were kept safely. The manager told us they were moving over to a new pharmacy for their medicines which also offered refresher training for staff.

Requires Improvement

Is the service effective?

Our findings

People we spoke with told us they were happy with the way they were supported. One relative told us, "Staff seem knowledgeable of people's needs." We saw that staff knew people well and supported them appropriately with their physical and social needs. We observed staff used equipment safely to assist one person move from one room to another. We saw staff explain the process to the person and encouraged the person to participate.

Staff we spoke with knew the needs of the people we discussed with them. Staff told us they had received the necessary training and felt supported to do their job. Staff we spoke with confirmed that they had received one to one meetings with the manager. Staff told us they were able to discuss their training needs and performance during these meetings. One member of staff told us, "My meeting with the manager was good the manager is very supportive." Staff also informed us they attended group meeting with the manager to discuss care for people who live at the home. The manager told us where they had identified gaps in staff knowledge training had been arranged. A new member of staff told us they were in the process of completing their induction programme which included shadowing experienced staff and getting to know the people who lived at the home.

We observed staff seeking consent from people before providing support or care. For example, support with personal care tasks. Staff told us some people living at the home may not have the mental capacity to consent to specific decisions relating to their care needs. The Mental Capacity Act 2005 (MCA) sets out how to act to support people who do not have capacity to make a specific decision. We spoke with staff about their understanding of the MCA and Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people where their liberty to undertake specific activities is restricted. We found that some staff were unclear about DoLS and one member of staff did not know what a DoLS was. The manager told us that they had arranged E-learning training for staff to improve their understanding on how to protect people living at the home from having their freedom restricted.

We looked at whether the provider was applying the Deprivation of Liberty Safeguards (DoLS) appropriately. We saw that the provider had contacted the local authority for advice in October 2014 and had been advised to submit DoLS applications in relation to the use of bed rails, wheel chair harnesses and locked key pads for those people who lacked capacity. The manager informed us that applications had not yet been submitted to the local authority. The manager told us that they would immediately review all people who lived in the home and submit applications to the local authority where needed.

People we spoke with told us they "Liked the food." One relative told us, "The meals are quite nice and lots of drinks are offered." Another relative told us, "Food is very good I have no concerns with the food." People told us they enjoyed the food and they were offered an alternative choice if they did not want what was on the menu. Staff we spoke with had understanding of people's dietary needs and their preferences. We saw meals were served at different times to accommodate people's waking times, preferences and activities. We saw that staff provided support to those people that needed it. We looked at records and found that nutritional assessments had been completed and people's preferences had been identified. We saw that where people required their fluid intake to be monitored this was recorded by staff.

A relative told us, "Staff will always ring to keep me informed of [person's name] health needs." We looked at people's healthcare records and saw that staff worked with healthcare professionals to ensure people's health needs were met such as speech and language teams (SALT). We saw evidence of people receiving support from healthcare professionals in connection with their health needs such as appointments with lymphedema clinic. We saw that referrals to other healthcare professionals had been made by staff when concerns were identified.

Good

Is the service caring?

Our findings

People and their relatives spoken with said that they thought the staff were caring. One relative told us, “Staff are very caring.” We saw the interactions between staff and people were caring. We heard staff speak to people in a kind way and saw that staff supported people in a kind and compassionate manner. We saw that staff were friendly and we saw that they laughed and joked with people. We observed staff communicated well with people speaking clearly and maintaining eye contact with those people that were seated.

People we spoke with felt staff listened to and had a say in how their care was provided. Relatives we spoke with told us that staff kept them informed in relation to their relative’s needs. Staff we spoke with were able to tell us about people’s choices and preferences. Staff told us they had built up relationships with people which helped them to understand people’s needs and preferences. One staff member told us, “I listen and take time with people.” We observed that while staff were supporting people, staff gave people the time they required to communicate their wishes. People were supported to be as independent as possible and encouraged to do as much for themselves as they were able to do. For example, we spoke with one person who told us they were supported to choose the clothes they wanted to wear. We observed mealtimes and saw staff encouraged people’s independence by supporting people with their meal only when assistance needed.

We saw that people’s dignity and privacy were promoted and respected by staff. One relative told us, “They respect people’s dignity.” We observed one staff member offering to support a person with their nail care and offering to varnish their nails. We saw that staff did not enter people’s rooms without knocking first; we saw doors were closed when personal care was given. Staff we spoke with gave examples of how they would respect a person’s dignity such as ensuring a person’s dignity was protected when showering people or giving medicines. We observed staff explained what they were doing, particularly when supporting people with their mobility and made sure that people understood before they started.

Good

Is the service responsive?

Our findings

People we spoke with were positive about the care and support they receive. One relative told us, “Staff are very responsive to [person’s name] needs.” and “Staff find a way around problems.” Relatives we spoke with told us they felt they were kept informed of any changes and any issues were dealt with promptly.

We saw that staff responded to people’s needs in a timely manner. Staff we spoke with told us that they understood people’s needs as they got to know the person and not from the information supplied in the care plan. Relatives we spoke with confirmed that they had been involved in the planning and review of their relatives care needs. Staff told us information about changes in people needs or any concerns or issues were shared at staff handover meetings. We looked at three care plans and saw that they covered aspects of a person’s individual care need and the support that was required. Staff told us information held in the care plans had not been updated or reviewed recently. One staff member told us, “Information in the care plans is out of date.” We spoke with the manager who told us they were reviewing all care files to ensure information was up to date. Staff told us that they had been unable to weigh people for several months because the scales were broken. The manager informed us new scales were being purchased. In the absence of records that were up to date there was a risk of people receiving inconsistent care.

People living at the home, relatives and staff told us about the social activities that took place at the home. One relative told us, “They go out a lot.” We saw people were encouraged with their interests and hobbies. One person told us they attended college one day per week and took part in other activities such as cinema trips and drama classes. We saw that people were supported to access a wide range of activities both within the home and in the community for example, swimming and eating out. People’s activity needs were discussed regularly by the staff and this enabled options of new activities to be considered. People were supported to maintain relationships. Relatives told us they could visit throughout the day. One relative told us that staff supported their relative to visit home for a couple hours every few weeks.

People and relatives we spoke with told us they had not had any cause to complain. However, they said that they were comfortable with raising complaints and concerns and had been given the information to enable them to do so. We saw that the policy was displayed in the entrance hall in a picture format. Some people living in the home might be unable to make a complaint due to their individual needs and understanding. Staff we spoke with were able to confirm how a person would communicate if they were unhappy about something and how they would address the concern. Staff told us they would observe a person’s behaviour to know if a person was unhappy. We saw that the manager had implemented a system to record complaints. We saw that one complaint had been raised by a relative of a person living in the home. We found that concerns were investigated and responded to appropriately. The manager told us any complaints or concerns were welcomed and would be addressed to ensure improvements where necessary.

Good

Is the service well-led?

Our findings

The home does not have a registered manager in post. However, a new manager had recently been appointed in January 2015. The manager was aware of requirements to apply for CQC registration and they told us that they had commenced the registration process.

People we spoke with told us that they felt happy living at the home. Relatives spoken with said the manager was new, but they thought they were approachable and friendly. Although the manager had only been working at the home for approximately six weeks, staff we spoke with were positive about the new manager. One member of staff told us, "The manager knows what they are doing they are organised and very approachable." Another member of staff told us, "The manager is very supportive and the needs of the people living at the home are her number one priority." We saw that the manager was welcoming and was developing good relationships with people and their relatives. We saw that the manager had an 'open door' management style and we saw that staff felt at ease to approach for advice and support as required. This indicated that the new manager was promoting an open culture in the home.

We saw that the manager provided guidance and leadership to staff and was clear about the standard of service they wanted to provide to people who lived at the home. We saw that the manager had held a staff meeting to address concerns and had conducted one to one meetings with staff. The manager had worked with staff to identify training needs and introduced an E-learning package for staff to complete. Staff we spoke with were happy about the level of support they received from the manager. The manager told us they were introducing a number of new systems in the home such as a key worker system. A keyworker is a named member of staff who works with the family and acts as a link with their family.

We looked at the provider's quality audit systems and found that these had failed to identify some of the issues we picked up during our inspection. For example, the provider had failed to complete capacity assessments and submit DoLS applications following advice from the local authority.

We saw that the manager had identified areas for improvement such as producing guidance for staff when giving medicine 'as required'. We saw the manager was implementing new audit systems and was in the process of reviewing all records in order to address any issues. The manager told us this information would be used to identify trends which would improve the quality of care people received. We saw that the manager had identified a number of areas for improvement in the home in the short time they had been in post such as, reinstating a separate dining room for people to enjoy their meals.

We saw that the provider had undertaken a formal process of obtaining feedback from relatives and professionals who visit the home, through the use of a survey. We saw that positive feedback had been received. We saw that there had not been any recent resident or relative meetings. One relative told us, "There have been no relative meeting that I am aware of, but staff stay in contact and I can discuss any concerns I may have."

Staff told us that they were able to attend staff meetings to discuss matters which were important to people who lived at the home. We looked at the meeting minutes for staff. These showed that issues, such as improving people's experience of mealtimes and medication were discussed. The manager told us they were purchasing new flooring, table and chairs for the dining room so that people could eat their meals together if they choose and improve people's mealtime experience. This showed that improvements in the way staff supported people were discussed to improve the quality of care people receive.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.