

Harmony Care and Support Limited

Harmony Care and Support

Inspection report

16 South Street,
Ilkeston,
DE7 5QE
Tel: (0115) 972 5292

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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?

Requires improvement 

Overall summary

We inspected this service on 13, 14 and 18 January 2016. This was an announced inspection and we telephoned the week prior to our inspection in order to arrange home visits and telephone interviews with people. The service provides care in people's homes to older people and people with debilitating illness and long term conditions such as dementia. The service is available in the Long Eaton, Ilkeston, Castle Donnington and the surrounding areas. At the time of the inspection 145 people were being supported by the service.

Our last inspection took place in 10 and 11 December 2014 and at that time the provider was rated as requires improvement to the service. At our last inspection we

asked the provider to make improvements in the safe section, which required ensuring people were safe from identified risk, medication administration and sufficient regular staff. In the responsive section we required improvements in relation to the care plans reflecting the care needs and complaints being investigated and acted upon. We found the improvement in these areas had been made.

Within the well led section we had required the provider to complete auditing processes to improve quality and identify any shortfalls. At this inspection we found the required improvements had not been made. The provider and manager did not have a comprehensive approach to

Summary of findings

auditing the quality of the care being provided. Where auditing was in place it had not been followed through to ensure actions had been completed. Communication was not always clear from the office which had an impact on messages being relayed which had affected the care provided. This meant the provider had breached the legal requirements.

There was a registered manager in the service. 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.

All the people we spoke with said they received a safe service. Staff providing the support were able to identify any concerns to ensure that people received a service that was safe and protected them from harm. Risk assessments had been completed to minimise any risks to the person receiving a service. The provider had procedures in place to ensure that there were sufficient

numbers of staff recruited to meet the needs of people and keep them safe. There was an established team which supported the manager and staff told us they felt supported by them.

People told us they always received someone to support them and where possible it was by a small team of staff. Everyone that used the service felt the staff that supported them were trained and competent. People told us that where required staff supported them with their nutrition and health care needs. All the people we spoke with told us they had a good relationship with the staff that supported them. People said they were able to make decisions about their care and were actively involved in how their care was planned and delivered.

People were able to raise their concerns or complaints and these were investigated and responded to, so people were confident they were listened to and their concerns taken seriously. The manager understood their registration requirements and had reported notifications and areas of concerns to us in a timely and appropriate way.

You can see what action we asked them to take at the back of the full version of the report.

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 told us they felt safe and that their risks had been assessed and managed to protect them from harm. Staff had been trained in keeping people safe and understood how to raise any concerns identified. Medicines were managed and administered safely and staffing levels were sufficient to meet people's needs.

Good



Is the service effective?

The service was effective

Staff were suitably trained and people were supported to access healthcare services when required. Staff sought people's consent when providing their care. Where required people were supported to eat and drink and maintain a healthy diet.

Good



Is the service caring?

The service was caring.

Staff knew people well and had positive, caring relationships with people. People were given the support they needed to make choices. People told us their privacy and dignity was respected.

Good



Is the service responsive?

The service was responsive

People told us they received care and support in accordance with their wishes and that staff were responsive to any changes needed to support them. There was a complaints procedure in place, and people were encouraged to provide feedback. Any concerns had been responded to in a timely manner.

Good



Is the service well-led?

The service was not always well led.

The provider did not have a comprehensive approach to auditing the quality of the care being provided. Where auditing was in place it had not been followed through to ensure improvement were made. Staff told us they felt supported by the registered manager and provider.

Requires improvement



Harmony Care and Support

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 inspection visit took place on 13, 14 and 18 January 2016 and was announced. The provider was given seven days' notice because the location provides a domiciliary care service and we wanted to make sure staff were available to speak with us. The inspection was carried out by two inspectors.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and

information we had received from the public. We also spoke with the local authority who provided us with current monitoring information. We used this information to formulate our inspection plan.

The provider 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.

We used a range of different methods to help us understand people's experiences. We visited six people in their homes and made telephone calls to a further six people and three relatives. We sent out questionnaires to people who used the service and used this information to make a judgement about the service.

We spoke with eight staff, the quality manager and the registered manager. We looked at care records for eight people to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks.

Is the service safe?

Our findings

At our last inspection in December 2014 we found that the service was not meeting the legal requirements because they were not ensuring people's safety with risk assessments, medication administration and regular support workers. At this inspection we found that the required improvements have been made.

People told us they felt safe when they received care. The care folders in people's home all contained a copy of the adult protection policy from the local authority on how to raise a concern. People we spoke with were aware it was in the folder; however no one had needed to use the contact numbers. People told us, "If I have any concerns I just tell the carer and they sort it out." One relative said, "I feel my relative is safe in their care." Staff knew how to keep people safe and when and how to raise any concerns. One staff member told us, "It's important we look out for people and report things to keep people safe." Another staff member told us they had raised a safeguarding and had received support and advice from the provider's on call team, and guidance when reporting to the local authority. We saw the manager kept a folder of any safeguard concerns and outcomes.

Where people had a number code to enable staff to enter the property, we saw there was a system in place to maintain people's safety and security. Some people had a pendent alarm which they told us provided them with additional safety in the event of an emergency such as a fall. One person told us, "The staff always make sure I have my alarm on in case I need to call for help."

We saw that risks to people's safety had been assessed. The assessments covered all aspects of the person's care and environment. Where the person required equipment to support their mobility within the home, a separate assessment had been completed which provided guidance on how to support the person safety. Staff told us when any changes were required, they received a text to their mobile phones and then the care plan was updated. We saw records had been updated with changes as they had been made.

There were sufficient staff to support people's needs. People told us, "I have regular carers, I know them all." Another person told us, "I can rely on [name] to be on time and to do what has to be done.". There was also an on call system for people to ring in the event of an emergency out of office hours. The on call system was managed by senior staff and management. We saw the on call number was displayed in large print in the front of all the care folders. One person told us, "I know the numbers there and I can call it if I need someone or I have a concern."

People told us and we saw the staff used protective equipment when providing personal care and meal preparations. The staff told us there was always plenty of equipment for them to use to ensure people's personal protection. One senior staff member told us, "I keep supplies in my car so if needed I can pop out to the care staff and make sure they have what they need." This showed the service managed the control of infection and protected staff in maintaining standards of hygiene and cleanliness.

We saw that when staff started working in the service, recruitment checks were in place to ensure they were suitable to work with people. This included a DBS check and references... A DBS provides a check relating to any previous criminal records. One staff member told us, "I had all the checks done again when I returned to the service after a break."

People were supported to take their medicines and have creams applied. People we visited showed us that they had their medicines delivered to them in blister packs. Some people had these so they were within reaching distance; others had the medicine locked in a cupboard for safety. One person told us, "Staff give me my tablets, they are always on time." We saw staff completed a medication administration record after medicines had been given and recorded any concerns in the daily notes. One staff member told us, "It's important we check and record so we can support people with their medicine."

Is the service effective?

Our findings

People who used the service told us they felt the staff were trained to support them. One person said, “I feel comfortable with all the staff they are all experienced.” One relative told us, “The staff are very confident with the equipment.” Another relative told us that staff were open to receive guidance about the person who used the service as they knew them so well. The provider had introduced a new trainer at the service, all the staff we spoke with told us this had made a real difference. One staff member told us, “The training has given me more confidence in my caring role.” Another staff member told us that additional training was available on request, they had requested training on supervision and this had been arranged.

The provider had a structured induction for new employees which involved training, shadowing experienced staff and observations by senior staff to check their progress. One new employee told us, “I completed the care certificate which was really helpful and I had the senior observe me at several homes to check I was confident in the work.” Another staff member told us, “Everyone is approachable; you can talk about any concerns.” The care certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. Staff told us they received supervision and they were observed at regular intervals to ensure they are still maintaining the standard of care. One staff member said, “It’s useful as you can relate the practical observations to any training needs.”

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 authorised under the MCA.

We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff informed us that some people who used the service may lack capacity to make decisions about their care. Assessments of capacity had been completed by the local authority prior to starting the service and identified where people may lack capacity. Staff told us that there were no people who used the service who were subject to any restrictions. We saw and staff told us they gained people’s consent before supporting them with personal care. We observed and staff confirmed people were asked their consent before care was provided. One staff member said, “We always ask if the person is okay with the support we are offering.”

Some people required support with their meal preparation. We observed staff gave choices in relation to the type of meal the person wished to eat. Some people were encouraged to cook the meal with the support of the staff and other people required support to eat their meal. One relative told us, “The staff support [name] with the meal whilst I eat mine, which means we can eat together.” We saw some people had food and fluid charts within their care plans, a staff member told us, “This is to ensure people are supported to have a varied diet. We report any concerns if the person is not eating.” Records at the office confirmed that staff had reported concerns in relation to some people’s diet. This meant the provider ensure people’s nutritional needs were being met.

People retained responsibility for managing their health care, but staff told us they had provided support when requested by people. One person told us, “When my relative was not well, the staff supported me to get the nurse to call.” Staff told us that the information was available if they needed to support someone to call the necessary health care professional.

Is the service caring?

Our findings

People told us they had positive relationships with the staff. One person told us, “I like all the staff they know how to support me.” Another person told us, “I don’t know how I would manage without the carers, I have some good ones.” One relative told us, “The carers are fantastic, even though my relative is unable to verbally communicate they always try to make [name] smile.” Staff told us they felt it was important to make a link with the person. One staff member said, “It’s important to know how someone wants to be looked after, and make them feel valued.”

We saw how staff engaged people in friendly conversation. One staff member told us, “You are often the only person they see; you bring the outside world in.” Another said, “There is always something you can chat about.” One relative said, “They are a pleasure to have in the house, initially I thought it would be an intrusion, but they are so friendly, we could not manage without them.”

Everyone we spoke with told us they were involved in discussing their care needs with staff. One person told us at a recent review they had requested an earlier time for their

evening call. We saw the records showed this had been noted and the planned times for the following weeks reflected the requested change. This meant that people were fully involved in making decisions about the care and support and staff listened to what they wanted.

People told us their privacy and dignity was respected. One person said, “They are respectful and don’t make me feel embarrassed.” All staff we spoke with gave good examples of how they ensured people’s privacy and dignity was maintained. This included, discussing the care with people and going at their own pace. Making sure doors and windows were kept closed whilst providing personal care and people were covered when they received support with their

personal care. We observed staff knocked on people’s doors or rang the bell before entering even if they had the key to the person’s home. People told us and we saw that when they received personal care this was done in a dignified way. For example, we saw how the curtains were drawn in both the front and back rooms to ensure privacy. People were asked before care was provided and when appropriate choices were given.

Is the service responsive?

Our findings

At our last inspection in December 2014 we found that the service was not meeting the legal requirements because plans for people's care were not always up to date and complaints were not handled in line with the complaints procedure. At this inspection we found that the required improvements have been made.

People told us staff knew about their needs and preferences. One person said "They always listen and try to accommodate my care needs." Staff told us and we observed they had a good understanding of people's care needs and routines. A staff member said, "You get to know people's routine, however you must always check in case they have changed their mind that day."

The service was responsive to people's needs. One person told us how the service had provided additional support when they had been unwell. Another person told us how the provider had let them know about a change in the service to keep them informed. The person said, "It's important so I know who is coming to my door and what time."

The manager told us where possible a small team of people supported the person which meant they received continuity of care. One person told us, "I have a lovely group; I don't need to ask them they just do things." All the

staff we spoke with felt it was important to have a same group to support people. One staff member said, "Because we knew the person we can tell if they are not well or follow on things from previous days."

The care plans reflected people's needs and provided a guide to the tasks identified by the person during their assessment, which were available in each care folder within the home. The information provided a summary of the person's needs and reflected any areas of concern. For example one plan stated the person had a visual impairment. The plan stated communication should be on the side where the person had more vision. The care records we looked at showed that people had agreed their individual service statement before the service started. People received a weekly print out showing the planned weekly service which included the staff member and their scheduled time. This showed the provider ensured people had the information about their care.

The service had a complaints procedure which was given to all new people using the service and we saw a new version of the procedure had been posted to all customers. People and relatives told us if they had any concerns they would raise them with the manager and felt confident they would be addressed. One person told us, "I know how to make a complaint." A relative told us, "I have raised a complaint; it was dealt with and resolved quickly." We saw that all complaints had been investigated and any resolution had been communicated to the people involved. This showed the provider addressed any concerns.

Is the service well-led?

Our findings

At our last inspection in December 2014 we found that the service was not meeting the legal requirements in relation to auditing processes to improve quality and identify any shortfalls. At this inspection we found that the required improvements had not been made and there continued to be concerns raised in relation to the provider utilising audits to support the quality of the service.

People told us that communication from the office was not always clear. One person told us, “The office is up and down, it doesn’t run perfectly.” A relative told us of several occasions when a message had not be relayed to the staff relating to the person having an appointment. This meant the person did not receive the service they required to meet that appointment. Staff told us that there had been situations when two staff had arrived to support the same person following communications from the office.

We saw on the schedule that staff had five minutes to travel to each support visit and through anylising the daily records we saw that on occasions this was not sufficient time to travel to provide support at the next home. Staff we spoke with told us that it was sometimes difficult, especially at peak travel times and they had on asked people if they could leave the call early. We saw records which confirmed people did not always receive the full time allocated to them. We discussed the travel and the related call time with the manager. The manager confirmed they had not completed an audit on the travel and time spent and therefore had not identified there may be issues with the amount of time it took for staff to travel to each support visit.

We checked medication audits and saw these were completed every month. Where concerns were identified we saw that actions had not been completed. For example, two consecutive audits identified the same concerns for one person. The action plan did not include dates for the work to be completed by and staff agreed these actions had not been followed up to ensure that systems were in place for medicines to be administered safely

In relation to people making their own decisions the provider acknowledged they had accepted the assessments in relation to decisions from social care professionals. There was no information to show the provider completed assessments to confirm decisions were made in people’s best interest when they lacked the capacity to do so. .

We saw that people were asked to give feedback on the quality of the service they received, however these had not been analysed and an action plan had not been formulated. Some areas of the service had not been audited to consider any trends. For example people had said that information regarding a change in the calls was not always communicated. There was no plan identified to address this concern and examples provided reflected that communication was still a concern to people. This showed the provider was not utilising information to drive improvement in the quality of the service.

This demonstrates a breach in Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they had regular contact with the manager, whom they described as very supportive. Staff told us the manager is often on call and could be contacted no matter what the time was. One member of staff said “They are supportive for work or personal issues.” Staff told us they received regular supervision which gave them the opportunity to discuss any concerns or training needs.

The manager told us about some recent changes to the staff structure which meant people were supported by a small team of care staff who reported to a senior carer. This had been introduced to develop a team work culture. The staff we spoke with said it had been a big change and it was now starting to work. One staff member told us, “It’s helping to combine the team effort.”

The manager understood the responsibilities of their registration with us. They had reported significant information and events in accordance with the requirements of the registration.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Effective systems were not in place to assess, monitor and improve quality of care. People were not engaged in sharing their opinions about the service.