Harmony Care Homes (2003) Limited

The Innovate Building

Inspection report

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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

The inspection was announced and took place on 8 and 9 March 2017. The Innovate Building provides personal care to people living in their own homes or in a supported living environment. At the time of our inspection the service was supporting 40 people. This was the services first inspection since they registered with us.

The provider had recently appointed two new managers for each of the services provision. The two managers had submitted their applications to us in order to register as registered managers for 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.

People told us their calls were sometimes late or missed. Staffing levels were improving but required further improvement to ensure people received their calls on time and by a consistent team of staff. Staff were safely recruited and people told us they felt safe when receiving support from staff. Staff understood people's risks and how to manage them. People who were supported by staff to take medicines received their medicines as prescribed by staff that had been trained and assessed as competent.

People were supported by staff that had the skills, knowledge and support to provide personal care to them. People's rights were protected as the provider was appropriately applying the principles of the Mental Capacity Act. Staff sought people's consent before providing care and support. People who were supported by staff to prepare and cook meals were provided with choices, and staff were aware of people's specific dietary requirements. People were supported to access healthcare professionals if required.

People told us staff were kind and caring, they were respected by staff who supported them and were encouraged to make day to day decisions about their care and support. Staff promoted people's privacy and dignity and encouraged their independence.

People were supported by staff who understood their needs and preferences. People and their relatives were invited to attend care reviews and provide their input. Staff were kept up to date with people's changing care needs to ensure they were able to provide effective support. People knew how to raise a concern or complaint and there was a system in place to ensure complaints were appropriately managed.

Not everyone we spoke with felt the service was well managed. Systems and processes to monitor the quality and consistency of the service were not always effective at identifying required improvements. There were processes in place to enable people, relatives and staff to provide feedback on the service. However people were not always informed of the action taken to make any necessary improvements. Staff had a good understanding of their roles staff support had improved. The provider was appropriately notifying us of event they were required to do so by law.

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 was not consistently safe.

Staffing levels were improving but required further improvement. People said they felt safe. Staff knew how to recognise signs of harm or abuse and understood how to report concerns about people's safety. People were supported by staff who understood their risks and how to manage them. People were supported to receive their medicines as prescribed.

Is the service effective?

Good

The service was effective.

People were supported by staff who had the skills and knowledge to carry out personal care. People's rights were protected as staff asked for their consent before providing care. People were supported to access healthcare professionals when required.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind and caring. People were supported to make choices about everyday tasks. People were supported by a staff team who understood the importance of treating people with dignity and respect and promoting people's independence.

Is the service responsive?

Good

The service was responsive.

People were supported by staff who understood their needs and preferences. People's changing care needs were regularly reviewed and documented. People and their relatives were encouraged to take part in care reviews. Complaints were investigated and responded to.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Not everyone we spoke with felt the service was well managed and felt further improvements were required. Systems to manage the quality and consistency of the service were not always effective at identifying the necessary improvements required. People, relatives and staff were provided with opportunities to give feedback on the service.

The Innovate Building

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 was the services first ratings inspection since they registered with us.

This inspection took place on 8 and 9 March 2017 and was announced. The provider was given 48 hours' notice because the location provides domiciliary care services; we needed to be sure that someone would be in. The inspection was undertaken by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who use this type of service.

We reviewed the information we held about the service. This included any statutory notifications we had received, which are notifications the provider must send us to inform us of certain events such as allegations of abuse or serious injuries. We also contacted the local authority service commissioners and the safeguarding team for information they held about the service. We used this information to help us to plan the inspection.

During the inspection we spoke with six people who use the service and 12 relatives. We also spoke with seven members of staff, the operations, community support and supported living managers, the development director and one of the managing directors. We reviewed a range of records about how people received their care and how the service was managed. These included seven people's care records, Medicines administration records (MARS) three staff files and records relating to the management of the service. For example, quality checks and complaints.

Requires Improvement

Is the service safe?

Our findings

People told us staff were sometimes late, they said they sometimes had missed calls and there were occasions where their rotas had gaps and shifts had been left uncovered. One person said, "They [staff] sometimes come late". A relative told us, "They [staff[turn up late but as I don't live there I get to know probably the day after. Two weeks ago they missed a call altogether but I didn't find out until the next morning". They went on to tell us, "We are supposed to have a 'double up' where two carers come but sometimes only one turns up". We confirmed with the operations manager that this person should have two staff members to support them at all calls. Two staff members we spoke with confirmed there were occasions where they had been left alone for periods of time with two people who required one to one support as there had been difficulty covering shifts. This meant there was a risk that people's safety may have been compromised. Staff we spoke with had mixed views on staffing levels. Some felt staffing levels were improving but needed to be improved further. One staff member told us, "Sometimes staff will go to calls where they do not know people well. Sometimes shifts are left uncovered, the office will just send whoever they can get". Another staff member said, "There were lots of agency staff over the past few months this has settled and people are getting more consistent staff". People, their relatives and staff we spoke with told us that they were aware that improvements to staffing levels were being made but felt more time was required to ensure these changes were fully embedded. We discussed our concerns with the operations team who had identified that staffing levels had been problematic. The operations manager told us they had recently recruited more staff and the recruitment process was on-going. This showed us the provider had identified the concerns and was taking the necessary action to improve staffing levels and the consistency of staff. However, further improvements were required, and we needed to ensure these improvements were sustained.

People were supported by staff who had been recruited safely. Staff told us they were not able to work with people on their own until the provider had received suitable pre-employment checks, such as references and DBS checks. DBS checks help the provider reduce the risk of employing unsuitable staff to work with vulnerable people. Records we looked at confirmed this.

People we spoke with told us they felt safe with the staff that provided their care and support to them. One person said, "I always feel safe with the staff they know what they are doing". A relative we spoke with told us, "I am happy [person] is safe". Another relative said, "I trust [person] is safe with the staff".

Staff had received training in keeping people safe and knew how to recognise and report potential harm or abuse. Staff we spoke with were able to describe the different types of abuse and told us how they would report any concerns. Staff we spoke with had confidence that issues regarding people's safety would be appropriately escalated to the local authority safeguarding team by the operations manager. One staff member said, "I am confident that safeguarding issues are appropriately escalated, if I thought action had not been taken I would whistle blow or report it to someone above the manager". We saw where there were concerns about a person's safety these had been appropriately referred to the local authority safeguarding team. The management team demonstrated an understanding of their responsibilities to escalate concerns about people's safety to the local authority. This meant people were safeguarded from abuse and harm.

People were supported by staff who understood their risks and how to manage them. For example, staff told us about people who suffered with anxiety. They were able to tell us the triggers for people's anxiety and how to manage them. One staff member said, "You have to manage the triggers to prevent the anxiety from escalating". One staff member said, "If risks change there is a meeting called with the care staff team, the care plan is updated and you have to sign to say you have read it. You do get told about the changes before you go into the call". We saw people's care records which confirmed staff understood peoples risks. Care records contained details of risks and there were risk management plans in place for staff to refer to. Risks were regularly reviewed to reflect any changes and staff we spoke with told us they were informed when changes occurred. This meant people were supported to manage risks to their safety.

Staff were able to tell us how to report and record accidents or incidents. Accidents and incidents were analysed and information was used to ensure they did not reoccur. For example, we saw that a number of incidents relating to one person's behaviour had resulted in a referral to a number of healthcare professionals for reviews. This meant the provider had a process in place to ensure that all accidents and incidents were reported, recorded and appropriate action taken to ensure they reduced the likelihood of them reoccurring.

People told us they received their medicines as prescribed. One person said, "The staff give me my medication I get one at 9 am and 3.30 pm every day. I can have pain killers if I need them". A relative we spoke with told us, "I am happy medication is given when it should be. It is always signed for". Staff told us they received medicines training during their induction and received regular refreshers and competency checks to ensure they were competent, the records we saw supported this. We looked at MAR's records and saw that people received their medicines as prescribed. Systems and processes were in place to check people were receiving their medicines safely. This meant there were systems in place to ensure people received their medicines safely.

Good

Is the service effective?

Our findings

Most people and relatives we spoke with felt staff were suitably trained to carry out their role. One relative said, "Most of the staff appear to be competent at what they do". Staff told us they had to complete an induction which included training and time spent shadowing more experienced staff. One staff member said, "The training is useful to give the theory, but shadowing helped me to learn how to apply what I had learned". Staff completed the care certificate as part of their induction. The care certificate is a set of national minimum standards that new care staff must cover as part of their induction process. They also said they received on-going training which included specialist training to ensure they were skilled at working with people with specific needs. For example, Percutaneous endoscopic gastrostomy (PEG) training. PEG is a way of feeding a person directly through the stomach where they are unable to take food orally. We saw records which supported what we were told. Staff told us they had seen improvements in the support they received. One staff member said, "Previously I did not feel well supported but now I am fully supported in the role. Supervision is happening now, it wasn't before. It is structured we talk about how you feel in the role, any additional support or training you need and concerns or issues. The support is there when you need it ". This meant staff were trained and supported to meet people's needs.

People were supported by staff who sought their consent before supporting them. People told us staff asked them what they wanted to do and if they didn't want to do something they didn't have to. Staff we spoke with all said they would ask a person for their consent before providing care and support. One staff member said, "People have the right to say no, you may have to check their understanding and give them time to make decisions. You cannot force people to do something they don't want to do, you may need to consider changing your approach". Staff gave examples of how they gained consent from people where they were unable to communicate verbally. For example, by using hand gestures, objects of reference, Makaton or by observing body language or facial expressions.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack 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 may lack capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff had a good understanding of the principles and application of the MCA. They were able to tell us about the people they supported who lacked the capacity to make decisions for themselves. For example, one staff member said, "If someone does not have capacity you have to make decisions in their best interests". We looked at care records and saw people were involved in making decisions about their care. Where people lacked capacity to make decisions we saw the provider completed a mental capacity assessment and decisions were made in people's best interests. We saw the relevant people involved. Where the provider had identified people may be at risk of being deprived of their liberty they had submitted the appropriate applications to the court of protection for authorisation. This meant the provider was working to ensure people's rights were protected.

People told us staff supported them to prepare meals and they were able to choose what they had to eat and drink. One person told us, "I choose what I want each day". Another person told us, "I did a lovely tuna

salad for my lunch today. I haven't decided what I want for dinner yet. The staff help me with my cooking". Staff gave us examples of how they offered people choices. One staff member said, "I will provide choices of cereal, for example, [person] will point to which one they want". Staff were aware of people's individual likes and preferences in relation to food and drink and could tell us about people's specific dietary needs. For example, low sugar diets for people who were living with diabetes. People's dietary needs and support requirements were recorded in their care plans and updated as their dietary needs changed. This meant people had the appropriate support to eat and drink and were supported to make choices.

People mostly managed their healthcare appointments themselves or were supported by relatives. Staff told us where people required this support staff would provide this where necessary. For example, one person had been recently taken for a dental check-up. Staff were able to tell us about the action they would take if they noticed a deterioration in a person's health. For example, contacting relatives, a GP or calling 999 in an emergency. This showed staff understood how to monitor people's health and take appropriate action when required.

Good

Is the service caring?

Our findings

People were supported by staff who were kind and caring and showed respect for the people they cared for. Everyone we spoke with told us staff were kind and caring. One person said, "I am well looked after they are very kind and I get on with all of them. I am very happy". Another person told us, "The care is very good". A relative said, "The carers are great they are like a buddy". Another relative told us, "[Person] has some excellent carers they are second to none". Staff we spoke with demonstrated a kind, caring and respectful approach to the care and support they provided for people. One staff member said, "I want the best for the people I am looking after, I want to do the right thing for people".

People were involved in making day to day choices about their care and support. People we spoke with told us staff enabled them to make choices and told us staff respected the decisions they made. One person said, ""I can do what I want when I want". Another person said "I go shopping. I handle my own money. I can make choices like go to bed when I want, get up when I want". Staff shared with us examples of ways in which they encouraged people to make a range of choices such as what they would like to wear, eat, what time they wanted to go to bed and get up in the morning. One staff member said, "We ask people what they want and if they need support to make a decision we will give them some options". Staff shared examples of how they ensured people who were unable to communicate verbally were provided with choice and control over their care, such as showing them a selection of clothes for them to choose or the options of food and drink that were available to them. Staff told us they respected people's decisions even if they did not feel they were making good choices. For example, one staff member told us about a person who chose to wear a thick jumper on a hot day. They said, "I explained the reasons why they perhaps shouldn't do this but I took spare clothes out with us just in case and respected their decisions".

People were supported by staff who understood the importance of maintaining people's privacy and dignity and promoting their independence. A relative we spoke with said, "The staff treat [person] with dignity and respect. Staff shared examples of how they worked in ways that maintained people's privacy and dignity such as shutting doors and curtains when supporting people with personal care, covering people with a towel, and turning away or removing themselves from the room while people were getting dressed. People gave us examples of the ways in which staff supported them to maintain their independence. One person said, "I like to do cooking the staff help me". Staff told us the ways in which they supported people to maintain their independence. One staff member said, "[person] can wash themselves with encouragement". Another staff member told us how they were supporting a young person to transition to supported living adult services. They said, "[Person] is very independent, we encourage them to get involved in domestic chores, they can do a lot of the personal care themselves we just encourage and prompt them. We are working with the person to prepare them to live independently".

Good

Is the service responsive?

Our findings

Most of the people we spoke with told us they usually had a regular small team of staff who knew their needs and preferences well. One relative said "[Person] knows all the staff as it is normally the same people that come. We have had a couple of new ones recently but they always come with others carers who know [person]". We found that the provider was taking steps to ensure people had a consistent staff team providing their care. People and relatives we spoke with told us this was improving. One relative said, "They have recently changed how they staff the service. I think the idea is they have a team that really knows people well. It is fairly embryonic though. It does seem better".

Staff could tell us about people's individual needs and preferences and how to meet them. For example, they could tell us what foods people liked and disliked, peoples preferred personal care routines and things they enjoyed doing, we confirmed this with the records we saw. One staff member told us, "I was told to read the care plan before I started working with [person] and I shadowed other staff. I got to know [person's] needs, what they needed support with and what they could do for themselves". Records included details about people's needs, likes and dislikes and personal histories. Staff told us they were encouraged to take time to read people's care plans to ensure they understood their needs before providing care and support. Care plans were regularly updated to ensure people's changing needs were met. One staff member said, "[person's] call times had changed I was told about this promptly so I knew about the changes". This meant people were supported by staff that understood their needs and preferences and were kept up to date when people's needs changed.

People were encouraged to take part in the planning and review of their care. One person said "Yes a care plan. I read it. It tells the staff what I like. It is signed by me too". One relative said "[Person] has a care plan and the family have a copy". Another relative said "It is all written down in the care plan. It was done with us". A staff member told us, "[Person] had a care review recently, [person] and their relative was involved in this process. The person told us what they liked, did not like or wanted changing and the relative was able to input into the care plan". Records we looked at confirmed people and their relatives were encouraged to be involved in the review of their care. For example, we saw letters inviting people and their relatives to care reviews and records which reflected the specific input people and their relatives had provided into the care plan.

People and their relatives knew how to make a complaint. One person said "I would tell the staff if I was worried about anything or I would tell the manager, I know them quite well". Although relatives knew how to make a complaint there were mixed views about how complaints were managed. Some relatives felt concerns or complaints would be listened to and effectively dealt with, whilst other felt that their concerns or complaints would not be appropriately managed. One relative said, "I think they would listen and do something about it if I had any issues". Another relative told us, "I have given up complaining they don't listen". Staff we spoke with were confident that complaints were appropriately managed. One staff member told us, "I know there was a recent complaint and the development manager visited the person and their family to try to resolve the issue". We looked at complaint records and found complaints had been investigated and responded to in line with the provider's policy. This meant the provider had a system to

ensure complaints were appropriately managed.

Requires Improvement

Is the service well-led?

Our findings

Not everyone we spoke with felt the service was well managed. Whilst people and their relatives told us the care was good, they felt communication was often poor and there were issues with staffing levels and consistency of staff which needed further improvement. A relative told us, "Communication with the office is not good. I am not sure who the manager is. It can be a waste of time ringing as they don't always get back to you". Another relative said, "There has always been issues with the admin side. There is a lack of communication with the family". A third relative said, "They listen and say the right things but there is no improvement".

The provider had systems and processes in place to monitor the quality and consistency of the service, however these were not always effective. For example they had recognised that staffing levels needed improvement and had taken action to address this by recruiting more staff. However further improvements were required to ensure there was always sufficient staff and people were provided with a consistent staff team. In another example, the monthly medicines audit had not identified concerns we found about the recording of medicines that had been administered by staff. We found missing signatures on four peoples medicines administration records that had not been identified in the monthly audits. We spoke to the management team about these concerns and they advised us they would look into the concerns and take the necessary action to address these issues. In a further example, the systems to check on call times and missed calls were not effective at identifying and addressing issues promptly. The management team were aware of these concerns and told us they were looking to introduce a more effective system to enable them to identify and address issues relating to call times more promptly.

People and their relatives were invited to give feedback on the service during care reviews and through the use of satisfaction surveys. However some relatives felt reluctant to complete these as they did not feel their feedback would be listened to or used to make the necessary improvements.
One relative said, "They do send out questionnaires from time to time but I can't be bothered filling them in as I don't trust they would listen or do anything differently". We looked at records relating to feedback from people and their relatives and saw this information was analysed and was being used to drive improvements. For example, we saw feedback from service users had highlighted the need for an easy read complaints procedure. We saw that this had been implemented. Complaints were investigated and appropriate action taken. This showed us that the provider was taking appropriate action to act on feedback, however, they were not always communicating the actions they had taken to people and their relatives. This meant some people and their relatives did not always have the confidence to raise concerns as they were not aware that the provider was acting on feedback. We discussed the feedback we received with the management team who had acknowledged that they had recognised communication required improvement. They told us about the actions they had taken to begin to address these concerns and advised us of their plans to continue to improve this further.

Staff were provided with opportunities to provide feedback or raise concerns. One staff member told us, "99.9% of the time I feel listened to and they take my concerns and feedback on board". Another staff member said, "We raised issues about the rota's not being given to us in sufficient time. This has improved

we get the rota's earlier than we used to". We saw staff a staff survey highlighted that staff felt unsupported in their roles. We saw the provider had recruited two new service managers and created an additional layer of managerial support for staff in response to this feedback. This meant there was increased operational support for staff and staff had started to receive more frequent one to one supervision and support sessions.

Although there was no registered manager in post at the time of the inspection, the provider had recruited two new service managers. We saw evidence which showed they had both submitted applications to register themselves with us as registered managers. We found they were aware of their responsibilities which included submitting notifications to us when required to tell us about certain events or incidents of concern occurred as is required by law.

Staff told us they has recognised the improvements that had been made and told us they felt more supported to carry out their roles. They told us management was more approachable and supportive and communication had started to improve. Another staff member told us, "The provider puts people at the heart of their care. The last 12 months there has been much improved, better communication, systems and processes and support when you need it. They just need to continue to improve communication and sustain the changes. They are a pleasure to work for now, they really are".