

Aid Homecare Limited

Harmony Homecare Suffolk

Inspection report

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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

About the service

Harmony Homecare Suffolk is a domiciliary care service providing care to people in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive a regulated activity of personal care. This is help with tasks related to personal hygiene and eating.

Where they do receive personal care, we also consider any wider social care provided. At the time of inspection, Harmony Homecare Suffolk covered geographical areas in Cambridgeshire and Suffolk and provided a service to 82 people of which 81 people received personal care.

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

People and their relatives were complimentary about the service Harmony Homecare Suffolk provided and would recommend the service. The management worked in partnership with people, relatives and other professionals to achieve individualised, person-centred care.

People were supported by a safely recruited staff team who had the relevant training and qualifications to safely meet their needs. Overall, people received their care calls at the times they expected, for the length of time agreed and from care staff they knew. However, we were told of some inconsistencies with the co-ordination of some care calls and communication issues where people were not told of changes in a timely manner. The management were taking steps to address this.

Staff had received safeguarding training and knew how to protect people from potential harm. Safeguarding policies and processes were in place.

Medicines and risks associated with people's care was in line with legislative requirements and recognised best practice guidelines. Staff followed good infection prevention and control practices to keep people and themselves safe.

Staff understood the importance of gaining consent from people. People were supported to have maximum choice and control of their lives and care staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's care plans promoted choice and guided staff on how to support people safely and encourage their independence. They included information on what was important to people including their preferences and interests.

People and relatives felt able to raise any issues with the staff and management team and were confident these would be addressed. Staff felt supported and valued in their role by the management team.

Effective systems to monitor the quality and safety of the service were in place.

Rating at last inspection

The service was registered with us on 11 November 2020. This is their first inspection.

Why we inspected

This was a planned comprehensive inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.	Good ●
Is the service effective? The service was effective.	Good ●
Is the service caring? The service was caring.	Good ●
Is the service responsive? The service is responsive.	Good ●
Is the service well-led? The service was well-led.	Good ●

Harmony Homecare Suffolk

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 Care Act 2014.

Inspection team

This inspection was carried out by an inspector and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Experts by Experience made telephone calls, off site, to obtain feedback from people who used the service and their relatives.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Inspection activity started on 13 April 2022 when we visited the office location and ended on 21 April 2022 when we gave feedback.

What we did before the inspection

We reviewed our systems and information we held about the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made judgements in this report.

During the inspection

We visited the office location on 13 April 2022. We spoke with the registered manager, the deputy manager, the customer liaison officer and a care worker. We looked at three staff files and eight people's care records. This included their risk assessments, support plans, daily records and where applicable their medication records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, accident and incident records, complaints and management monitoring and oversight records.

We spoke with 11 people who received care and support from Harmony Homecare Suffolk and 16 relatives. We received electronic feedback from one person who used the service and three relatives. We spoke with four care workers and received electronic feedback from nine care workers and two professionals from the local commissioning teams who work closely with the service.

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 for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Overall, people received consistency of care with their care calls at the times they expected, for the length of time agreed and from care staff they knew. One person commented, "I have four visits per day and two carers, they come and go and I'm happy with the times set up for me." A relative commented, "We feel very safe with this service, staff wear their PPE (Personal Protective Equipment) and are usually the ones we know, so that's good as [family member] likes the same ones and they adore him."
- However, there was some mixed feedback where amendments had occurred to the rota people had been given, including change in times, different care staff and the frequency of this and the communication from the office around this. One person said, "Everything runs smoothly when I have my regular carers, it works very well, they know exactly what to do and don't need telling, but it can be hit and miss with the [care staff] who cover. I don't always get told of the changes and that is unsettling and disruptive."
- The majority of staff shared they had enough time to travel to their care calls and breaks were factored into their working day. However, some staff said this was not always the case and at times they had felt rushed and under pressure. The management team were aware of the inconsistencies with the rostering of the care calls and were monitoring and overseeing this.
- English was not the first language for the majority of care staff and we received feedback that language could sometimes be a barrier. One relative said about the care staff, "They talk as best they can, some of their English is quite poor but what they are actually doing is very good." The provider had taken steps to address this and had introduced free monthly English lessons for staff. Two relatives told us they had seen an improvement following this.
- The provider used robust recruitment checks and processes to ensure only staff suitable for the role were employed. Pre-employment checks included obtaining references and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working in care services.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk assessments were carried out to identify any risks to people and these were regularly reviewed and amended where needed. Where risks were identified, measures were put in place to guide staff on how to reduce these risks.
- However, we fed back to management some inconsistencies with care staff not always following the safety measures in place, such as ensuring wheelchair locks were on, electrical equipment being turned off and ensuring the key safe and property was secure. Management advised they would send reminders to staff regarding this and would increase checks in their ongoing monitoring, such as spot checks on staff and welfare calls to people.
- Staff were aware of the risks to people and how to mitigate these without restricting people's

independence.

- Accidents and incidents were recorded. Analysis of these records enabled management to identify patterns and trends and to take action to reduce the likelihood of them happening again.
- Since 2020 there had been four missed visits. Records showed management investigated this, took appropriate action and carried out a review of lessons learnt to reduce the risk of recurrence.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and at ease with the care staff. One person commented, "Yes, I feel very safe, they [care staff] make me happy and comfortable." Another person said, "I feel safe and alright, they [care staff] take good care of me."
- Staff had received safeguarding training and knew how to keep people safe from the risk of harm or abuse. One member of staff said, "I am aware of how to identify and report harm or abuse and of the [provider's] whistleblowing procedure. I haven't needed to report any concerns, but I know what to do." Whistleblowing is the term used when a member of staff passes on information concerning wrongdoing either internally or externally to relevant partner agencies.

Using medicines safely

- People were safely supported with their medicines where required. One person told us their care staff, "Tell me when it is time to take my medication and get it ready for me to take." A relative shared, "I am grateful that [family member] has regular visits to ensure she is okay and to assist with her medication and I know that I will be contacted if there are any concerns."
- Medicines were administered by staff who had received training and had their competency regularly checked to ensure their practice remained safe.
- Records showed people had received their medicines as prescribed and regular audits took place.

Preventing and controlling infection

- People and their relatives confirmed that staff followed good infection control practice in their homes and wore personal protective equipment (PPE). One person said of the staff, "The carers always wear their PPE equipment which is important to me as I have a [medical condition]."
- Staff had received infection prevention and control training and additional training relating to COVID-19.
- Staff took part in a testing programme to minimise the risk of spreading COVID-19 and confirmed they had sufficient amounts of PPE.

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

- Assessments of people's needs were carried out prior to them receiving care. This included discussions with the person and or their representative regarding their preferences and what they would like help with.
- The assessment process covered areas such as the person's general health, mobility, medicines and nutrition and had been completed in line with current legislation and recognised best practice guidance. All of this information was used to form the person's care plan and risk assessments and support them to achieve good outcomes.

Staff support: induction, training, skills and experience

- People told us they felt the care staff had the skills and knowledge to meet their needs. One person said, "The staff know what they are doing, I don't worry when they use [specialist equipment] they have been trained well." A relative shared how competent staff were using specialist mobility equipment, "We have lots of equipment and the carers are fine with using it, they handle [family member] well in all transfers; talking and explaining what they are doing. You can see [family member] is comfortable and reassured."
- New staff received an induction which included training, assessed shadowing with more experienced colleagues and working on the Care Certificate. This is a set of induction standards that care staff should be working to.
- Staff were encouraged and supported to develop their skills and knowledge through ongoing training, supervisions and appraisals with opportunities to achieve qualification in care available. One care staff said, "We have all sorts of training and updates to keep people safe and happy, and to improve ourselves professionally."
- Staff told us they felt valued and supported at work. A member of staff shared, "I feel my efforts to do a good job caring for people are recognised and appreciated by the management team. They say thank you and listen to staff feedback and make changes if needed. It is a good company to work for with lots of support."

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

- People were supported to eat and drink where they required this. This was documented in their care records and provided guidance for staff on how to meet these needs. One person said the care staff, "Always leave me with something to eat and a hot and cold drink before they go." A relative commented the care staff, "Were well trained and good at the food preparation which has to be pureed."
- People received the care and support they needed. People's records showed that where other

professionals were involved their input was acted on by staff and incorporated into their care plans.

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 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.

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.

- The registered manager understood their responsibilities under the Act. No one using the service at the time of the inspection had any restrictions placed on their liberty.
- People and their relatives confirmed they were able to make day to day decisions for themselves. This included how they would like to have their personal care provided, what they wanted to wear or to eat. One person commented. "I decide what I want to wear and if I want a shower or not. Sometimes I want my hair washed and they [care staff] help me; they do a lovely job. They fix my meals but I choose what I want to eat sometimes I don't want much so I just have a snack."
- People's care records documented staff sought consent from people before providing their care and where people had declined this was also recorded and respected.

Is the service caring?

Our findings

Caring – 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

- People we spoke with told us they were supported and treated well by the care staff. One person told us, "The carers are a really good bunch of people, they brighten my day when they come, absolutely fantastic care, couldn't want for more." Another person commented on their relationship with the care staff, "The carers are very good, happy people and I have got to know them well." A third person shared a positive experience of the staff approach towards personal care and its impact on them, "The staff have all made me feel very comfortable in personal or embarrassing situations. Certainly, one of their strong points."
- People's relatives were complimentary about the support and care provided. One relative said about the care staff, "They have empathy and understand dementia, they have given me support and information on dementia and pointed me in the right direction online." Another relative commented the staff were, "Kind, compassionate and reliable."
- People were respected and included as much as they wanted to be in shaping their care and outcomes. One person told us, "[Customer liaison officer] visited me the other week to check [care arrangements] and see how I was getting on. My health is not as good and I need more help some days, we talked about this and me being safe. My family worry but I don't want to leave my home. I have an extra call now. I am happy with this."
- A relative shared how the management had liaised with them as their family member was unable to communicate their wishes and they were advocating on the person's behalf. The said, "The management came to see what needed doing, where they could help us, what works well and what we have found doesn't. We had a very long chat about how the carers could best work with [person]."

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

- People confirmed they were able to make their own decisions and their views were acted on by staff and recorded in their care records. One person said, "They [management] spoke with me about what I wanted and needed. I told them how I like things done, it is all in the folder [care plan]."
- People's care records were person-centred and reflected their individual needs, their history and background. They also included the person's choices, preferences and what mattered to them.

Respecting and promoting people's privacy, dignity and independence

- People told us the care staff treated them with dignity, talking to them in a polite and respectful manner, listening and responding appropriately to any requests. One person said, "Nothing is too much trouble, the carers are kind, respectful and compassionate." A relative commented during personal care, "100% staff treat [family member] with dignity and respect, they cover her up and close the doors."
- People's care records included guidance for staff on respecting people's dignity, privacy and

confidentiality. Their care records included the areas of their care people could do themselves and where they required support including how staff could best encourage this. One person said about the care staff, "They go over and above, I am trying to be independent and they help me with this." A relative said how staff helped their family member to maintain their daily living skills such as setting the table, "They will get [family member] to help with the cutlery and glasses, they give her choices." A member of staff said, "I treat people in the same way I would like to be treated. I encourage people to keep doing things themselves as long as it is safe."

- Staff were observed by the management team in their usual work duties as part of the provider's quality monitoring processes. During these spot checks members of the management team checked that people's independence, dignity and privacy was promoted and respected.

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 and their relatives told us that care staff were considerate of individual preferences, taking account of what was important to the person. One person said, "I don't want male carers to do my personal care, am not comfortable with that. They [management] listened and it is only female carers that come." A relative shared the service, "Is very responsive, I have had to change times for visits as [family member] can be poorly at night quite often, so is not ready in the mornings for them, so times need changing occasionally, they [management] always accommodate us."
- Another relative described how intuitive the care staff were and able to respond appropriately to communication challenges, "[Family member] has dementia, scared of everything, but is happy in general and is happy with the carers. The staff talk to [family member], sing together and play music that [family member] knows and this helps calm them. They really try hard to communicate."
- People's care plans were developed with the person and/or their relatives. They reflected what the person's interests were, what made a difference to their lives and what individualised care meant to them. This helped staff to deliver care and support in line with the person's wishes.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had information provided that was accessible to them and their communication needs. The registered manager told us any information could be provided in other languages and/or in alternative formats such as audio recordings or braille should these be required.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to raise a concern or make a formal complaint. One person said, "Never had a need to make a complaint, if something isn't right then I ring the office and it gets sorted." A relative commented, "Management are easy to get hold of and are responsive to our needs or changes."
- A complaints policy and procedure were in place. Records showed all complaints received had been responded to in a timely manner. However, we were made aware of a quality care issue that had not been reported to management. We fed this back to the management to take appropriate action.

End of life care and support

- People's end of life wishes had been sought and where they had wished to give these, they were documented within their care records.
- The management team told us they worked with various professional at this time, such as specialist nurses and other professionals to ensure people had a comfortable death.

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

- The management team promoted a positive culture within the service. They worked closely with staff and listened to feedback from people and their relatives to ensure care staff were working in line with expectations.
- Overall feedback from people and their relatives was complimentary about Harmony Homecare Suffolk. They told us they were happy with the care they received and would endorse the service to others. One person told us, "100% I would recommend the agency, I have done so several times. I am more than satisfied." A relative commented, "We found this service through word of mouth, it was recommended. We have no complaints about this service at all."
- However, there was some mixed feedback from people and relatives regarding inconsistencies in care when the regular care staff were changed and the communication around this. The management team were aware of these issues and advised they were taking action to address this by making improvements to their electronic system and were monitoring this closely.
- Planned assessments checked the service was able to meet people's needs prior to accepting the care package. Ongoing reviews included people and where appropriate their relatives to identify how they wanted their care delivered and to ensure it was person-centred.
- Staff had their competency assessed to ensure they were working to the standards expected. There was a transparent and open culture where staff felt able to speak to one another and the management team if they needed guidance and support.
- Staff were positive about working at the service. One member of staff said, "If I need any support, I know that our team will help me. My experience for working at Harmony Homecare Suffolk is a good experience. The service care for people, listen to staff, have training and meetings. Staff are taken seriously and if you need help or are struggling management are there for you. I love doing this job!"
- Feedback about the service was encouraged by management and where people, relatives and staff had shared their views their comments were followed up, acted on accordingly and used to develop the service. A relative commented, "Manager came and checked everything out when we first used the service. We have no complaints about this service, we did request a change in carer due to a personality clash, just wasn't working for [family member] and that was sorted quickly."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 supported by the deputy manager and office team to ensure the service ran smoothly.
- There was an established leadership structure in place and staff understood their roles, responsibilities and duties. Staff performance was monitored through one to one supervision and competency checks.
- A range of governance and quality assurance systems were in place to ensure that care being delivered was safe, effective and compassionate. This included checks and audits for example, on staff files, medicine administration, care plans, daily records, incidents and accidents and complaints.
- Notifiable events had been reported to CQC as required and the registered manager was aware of their legal regulatory responsibilities around this.
- Duty of candour requirements were met. This regulation requires safety incidents to be managed transparently, apologies provided and that 'relevant persons' are informed of all the facts in the matter. From reviewing governance documents, we could see the correct processes were in place.

Continuous learning and improving care; Working in partnership with others

- The management team worked with organisations within the local community to share information and learning around local issues and recognised best practice in care delivery.
- The management team worked with a wide range of stakeholders involved in people's care. These included occupational therapists, safeguarding authorities and various health professionals. The local commissioning teams informed us they had no concerns with the service. One commissioning professional commented, "I have regular catch-up meetings with [management team], we rarely get any complaints and have had some nice feedback from people." Another commissioning professional shared how the service had been, 'Excellent with managing complex care.'