Harmony Domiciliary Care And Recruitment Ltd

Harmony Domiciliary Care (West Wickham)

Inspection report

6 Church Drive
West Wickham
Kent
BR4 9JJ

Tel: 0203 086 8907
Website:
www.harmonydomiciliarycareandrecruitment.co.uk

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Ratings

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

Overall summary

This inspection took place on 18 August 2015 and was announced. We told the provider two days before our visit that we would be coming as we wanted to make sure the registered manager would be available. This was the first inspection of this service.

Harmony Domiciliary Care (West Wickham) currently provides support and personal care to two people in their own homes. The service was registered in October 2014 but only started to deliver packages of care for people who pay privately at the end of March 2015.

Summary of findings

The service had a registered manager in post. 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.

We were not able to speak with people who used the service directly as they were unable to communicate their views, and so we spoke with their relatives by phone. Relatives told us they felt their family members were safe and well cared for. People were supported by a small team of live in care workers and this helped maintain consistency and familiarity in the support provided and enabled staff to get to know people well.

However, we found breaches of regulations in respect of managing medicines as competency checks were not in place in line with the provider's policy to ensure staff had the necessary skills to administer medicines safely. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had also not made suitable arrangements for staff to refresh their training and keep their skills up to date or to be offered other relevant training so that the staff would be skilled to meet a wide range of needs. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we have asked the provider to take in respect of both these breaches at the back of the full version of the report.

Staff were aware of how to raise any concerns and had received training on safeguarding adults so they knew the signs of possible abuse. Possible risks to people were identified and plans were put into place to reduce risk. There were arrangements to deal with emergencies and staff had first aid and fire safety training. People were supported to take their medicines when needed.

Relatives described staff as kind and caring. Staff consulted people and asked their consent before they provided care; where people lacked capacity to make a decision they were aware of the need to consult with relatives and consider how to act in their best interests. However staff knowledge was not always clear and they told us they would benefit from further training. People were asked about their food and drink choices and staff supported them with their meals and with any dietary needs. People or their relatives where applicable, were involved in making decisions about their care and support and people were supported to be as independent as they could. Care plans were responsive to people's needs and guided staff on the care and support to be provided. People knew how to make a complaint if they needed to.

Relatives and staff told us the service was well led and the registered manager was approachable and supportive. There was room for some improvement because where areas for improvement such as staff training had been identified action had not always been taken to resolve the issue. The manager maintained close contact with people and their relatives and sought their views about the service through visits and phone calls.

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 not always safe. Medicines were not safely managed and staff competency to administer medicines was not checked. Checks of the medicine records were not recorded.

Staff were aware of how to raise any safeguarding concerns if needed. There were adequate numbers of staff employed and risks to people who used the service were identified and addressed to minimise the likelihood of them occurring. Procedures were in place to deal with emergencies.

Requires improvement

Is the service effective?

The service was not always effective. While staff had received training in line with the provider's guidance and were supported to provide care to people. Arrangements to refresh staff training so they remained up to date were not in place.

Staff understood the importance of obtaining people's consent before they delivered care. Where required people were supported to have enough to eat and drink. Their health needs were monitored and they were referred to relevant health professionals if their needs changed.

Requires improvement

Is the service caring?

The service was caring. People and their relatives said that they were involved in planning for their care, and their preferences and wishes were respected. We saw that care plans had been signed by people who used the service, or a relative if this was appropriate, to show that they had been involved in the care planning process.

Relatives told us they were happy with the care and support their family member received. We saw the staff team worked to make sure that people had consistent care with the same staff member.

Staff explained how they ensured confidentiality about people's information and that people's dignity and privacy was respected.

Good

Is the service responsive?

The service was responsive. Relatives felt their family member received the right kind of care and support to meet their needs. People's needs were assessed and they had an individualised plan of their care and support and were encouraged to maintain their independence as far as possible.

Relatives told us they had not needed to make a complaint but knew how to. The policy was available in the guide to the service.

Good

Summary of findings

Is the service well-led?

The service was not consistently well- led. While areas had been identified for improvement they had not always been acted on.

People and their relatives were asked about their satisfaction with the service at 'spot check' visits, during telephone monitoring, at field supervision visits and at reviews. The manager kept in close contact with staff and relatives to ensure that the service ran smoothly.

Staff told us they felt the service was well run and that they were well supported by the manager who was approachable and listened to their views.

Requires improvement 

Harmony Domiciliary Care (West Wickham)

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 11 August 2015 and was announced. We told the provider two days before our visit that we would be coming. We did this because we needed to be sure that the manager would be in when we inspected.

The inspection team consisted of one inspector and another inspector helped carry out phone calls with relatives and staff. Before our inspection we reviewed the information we held about the service which included any enquiries. During our inspection we spoke with the registered manager and two staff . We were not able to speak with people who used the service directly as they were not able to communicate their views and so we spoke with their relatives by phone. We looked at two support plans and five staff files as well as records related to the running of the service such as the service guide, staff guide and policies and procedures.

Requires improvement

Is the service safe?

Our findings

Relatives told us the service provided good care and they felt their family member was safe using it. They said their family member had the same regular care workers who were familiar to them and gave consistency in their care provided.

However we found arrangements for the safe management of medicines were not robust. The manager told us they were not involved in ordering medicines but only in prompting people to take their medicines or support to administer them. Staff said they had received training on managing medicines but they had not had their competencies assessed to ensure they could safely administer medicines. The manager told us she was not qualified to assess competency in this area and had identified this issue with the provider. The provider told us he was making arrangements for this to be done as a matter of urgency but we were unable to verify this at the inspection. We saw that the provider's policy stated that staff medication competencies were assessed formally through observation of practice and that only staff certified as competent could administer medicines. The provider's own policy was therefore not being followed. The manager told us that Medicine Administration Records (MAR) charts were returned to the office for checking but these checks were not recorded to verify that medicines were safely administered. Although no errors had been identified there was a risk that people may not receive their medicines as prescribed as staff were administering medicines whom the provider had not assessed as competent.

These issues were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

We looked at the MAR and found there were no gaps in the records and any allergies could be recorded on the form if needed.

There were arrangements to reduce the risk of abuse from happening to protect people who used the service. We saw policies and procedures to guide staff were in place and staff told us they were aware of them and knew where they were kept if they needed to access them. Staff understood their role in relation to safeguarding adults. One staff member told us if they suspected any abuse they knew "I need to report to the office." However the policies and procedures were not available to staff in their handbook to help remind them of their responsibilities. As staff worked as live in carers they were not regularly at the office. The manager told us information would now be added into staff hand books as a guide for all staff while they delivered care. There were arrangements to help protect people from the risk of financial abuse. Where staff undertook shopping for people who used the service, there were arrangements to record and keep receipts for all items bought. Transactions were recorded and checked by the service. Records demonstrated that staff had received face-to-face training on recognising and reporting abuse.

Potential risks for people and staff were identified and plans put in place to reduce risk. We saw risk assessments were in place and risks had been identified before people started to use the service. These included individual risks to the people who used the service such as manual handling risk assessments to ensure people were safely supported to mobilise and risk assessments for skin integrity if required, as well as environmental risks or health and safety risks for staff who worked as live in carers. Risk assessments included detail about actions to be taken to minimise the chance of harm occurring. The manager told us these risks would be monitored and reviewed annually or earlier if there were changes in people's circumstances. For example if someone started to have problems mobilising and needed specialist equipment. The service had systems to manage and report accidents and incidents. There were forms to record the details of any incidents or accidents such as falls. We saw there was one record of an incident since the service had started to provide personal care with a minor injury sustained. Appropriate action had been taken. The manager told us incidents would be logged at people's homes, families informed and a copy sent to the office to be held as a record. The manager told us that healthcare professionals would also be contacted and where necessary people's care needs would be reviewed.

The manager told us that staff were issued with an identity badge and uniform so that they could be recognised easily by people and their families. The service was small and the staff worked as live in carers so they were well known to families and did not wear their uniform as this was more relaxing and less formal for the people they cared for. However staff always carried their identity badge to verify who they were. Staff had competed first aid training as part of their induction and were able to describe what to do in a medical emergency or in case of fire. We saw people and

Requires improvement

Is the service safe?

their relatives were provided with contact information and how to contact staff in an emergency. Relatives and staff told us there was never a problem about making contact with the office or manager. Staff told us the manager was always available or the provider . One staff member said " I have rung the manager at night and she has given me advice. There is always someone you can call if you need to."

Recruitment checks were carried out to reduce the risks of employing unsuitable staff. This included up to date criminal records checks, two satisfactory references from their previous employers, photographic proof of their identity, a completed job application form with their full employment history and proof of their eligibility to work in the UK, where applicable.

There were sufficient numbers of staff to meet the needs of the people who used the service. People told us that their regular staff were reliable and there were no problems in the service providing another staff member if someone was on holiday. One person told us "we have never had any problems. The main carer is very good. We can rely on her."

Requires improvement

Is the service effective?

Our findings

Relatives we spoke with told us they thought the staff were capable and knew what they were doing. We looked at the training records for five staff and saw they had received induction training

in the areas the provider considered mandatory when they joined the service earlier this year. Staff also confirmed this when we spoke with them. This included manual handling, fire safety, health and safety, and safeguarding vulnerable adults. One person told us " The induction was very good

it was taught over five days and we did practical manual handling."

However there were no arrangements for shadowing as part of the induction to verify new staff's practical skills. The manager told us she was in the process of arranging for any new staff to shadow through a local further education college. There were also no arrangements in place for refreshing training the provider considered mandatory for staff to enable them to stay up to date. Access to role specific training to ensure that staff were skilled to meet a range of different needs, for example catheter care training, was not available. Some staff employed had received other training in other areas such as dementia or end of life care from recent employment elsewhere however the provider had not arranged access to specialised training to ensure had the necessary skills to be able to offer support to a range of different needs should people's needs change. We noticed in one staff record there was a request for further training around dementia. Staff also told us they would like more training particularly on the Mental Capacity Act and dementia.

These issues were a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

We spoke with both the manager and provider about this. The provider assured us he was looking to book staff onto local authority run courses to provide refresher training and other additional training as soon as possible.

Staff files confirmed that staff received regular supervision from the manager which they consider to be helpful and supportive. One staff member told us "The manager is very good and supervision is helpful as we work on our own." We saw probationary interviews were conducted at the end of staff probationary period and staff had not been in post long enough for any appraisal process.

Staff were aware of the importance of gaining consent to the support they offered people and gave examples to demonstrate how they did this when we spoke with them. The registered manager was able to demonstrate an understanding of the Mental Capacity Act 2005 (MCA); however staff knowledge was not always clear. The Mental Capacity Act 2005 sets out the action that should be taken to protect the human rights of people who lack the capacity to make decisions. The registered manager told us if they had concerns about a person's ability to make a specific decision relating to their care, they would work with the person in question and their relatives in the first instance. Where appropriate they would consult with any relevant health and social care professionals to make the decision in the person's best interest and in line with the MCA.

People were supported to receive enough to eat and drink. Staff provided people with support with eating and drinking where this was needed. Staff told us people were also encouraged

to make healthy food and drink choices and their choices about what they wanted to eat and drink were always respected. They were aware of the need to offer plenty of fluids in warm weather. Any allergies were checked for and people's food preferences were discussed for each meal and they were supported to plan and shop for their food where this was appropriate. The manager told us people's independence was encouraged as much as possible where it was safe to do so. Staff confirmed this when we spoke with them. They showed knowledge of people's preference and dislikes and their preferred routine for meals. The manager told us food and fluid charts could be used if this was requested by health professionals but nobody currently using the service was at risk of malnutrition. The manager told us she delivered personal protective equipment such as gloves to the staff to ensure there was a plentiful supply to avoid the risk of infection. This was confirmed by staff when we spoke with them.

We looked at care records and changes in people's health were discussed with them and their relatives. The manager told us referrals could be made to heath care professionals such as the occupational therapist or GP when required.

Good

Is the service caring?

Our findings

People told us they were happy with the level of care and support provided by the service. People's relatives told us their family members had developed positive relationships with the staff that supported them and that they were caring and kind. A relative told us, "The carer is doing a good job." Another relative commented "The carers are good, the level of care is good and the communication is also good between us and the office staff. I would recommend them."

The service provided continuity of care to people to ensure people had the same main care worker to care for them. This helped to familiarise people with staff and for staff to understand people's changing need and preferences. Staff we spoke with could explain people's needs and preferences and how they liked to be supported throughout the day. They told us they enjoyed working with the people they cared for, comments included, "You get to know people really well and there is time for a chat and together we look at photos or do whatever they would like."

People and their relatives were involved in drawing up their plan of care and support. Relatives told us that staff provided care in accordance with people's choices and preferences. Staff told us they ensure people had choice while giving day to day care and support. One staff member told us "I always ask them if they are ready to get up and what they would like to drink. I know they love a cup of tea but just in case they want something else."

The service promoted people's privacy and dignity. Care plans recorded people's preferences about having male or female carers and the manager told us this had never been a problem. Staff we spoke with told us they would knock and introduce themselves before entering a person's home and ensure people's privacy by closing curtains before personal care was delivered. They understood the importance of confidentiality about the people they cared for.

People were given information about the service when they started to use it so they could understand what services were available and what they could expect of the service.

Good

Is the service responsive?

Our findings

Relatives told us their family member received individualised care that met their needs. One relative told us "My [family member] has been very happy with the main care worker and also likes the other staff that come. They look after [family member] well." People had a detailed written plan of care to guide staff about how they could meet their needs effectively. The manager told us the care plans could be reviewed whenever there was a change in people's care and support needs. A staff member described how after a fall a person's care plan was reviewed and updated and this was confirmed from records.

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. Staff told us, "I talk to people to find out about their likes and dislikes; it's good to do that and have a chat with them." They told us they had read the care plan before they started to work with people and checked for any changes. They told us they made a record in the daily notes of the care and support they provided and these were returned regularly to the office so the manager could check people's care and support needs were being met.

Consideration was given to people's disability, gender, race, religion and beliefs. Notes within people's care records gave an outline of people's mobility needs, cultural background and religion to guide staff to support them where needed to meet these needs. People's independence was encouraged. We saw in the care plans that where people could manage to do things independently and where they might need assistance were both recorded. For example one plan said "I can wash myself but please support me in getting in and out of the shower and check the water is at the right temperature." Another plan said "I can dress myself but need help with zips."

People could be supported to access the community where they could do so safely to maintain links and any hobbies or social interests.

We saw the complaints policy was available in the handbook people received when they started to use the service. It explained the process and timescales for response as well as what to do if you were unhappy with the response from the service. The manager told us there had been no complaints since they had started the service. Relatives confirmed this and said there had been an occasional small issue which was promptly sorted out informally by the manager. For example a relative told us that there had been a difficulty with their family member understanding some a care worker but they had spoken with the agency and this had been resolved promptly.

Requires improvement

Is the service well-led?

Our findings

The service was not consistently well led. While areas had been identified for improvement action had not always been taken to address these issues. Staff training needs and competency checks for medicines had been identified by the service but no action taken to resolve this issue. There was no staff roster as an accurate record of which staff were on duty on a particular day or shift. Care records were hand written and in places the office carbon copy was faded and could become difficult to read. The manager told us they had identified this problem with their records and were changing to printed records however we could not monitor this at this inspection.

The manager told us that it was a very small service and they could monitor quality effectively through the field visits, spot checks on staff and telephone calls to relatives. However these calls were not recorded to give the service a written reference of any feedback from people or relatives to enable them to improve the service.

We were told that regular quality assurance audits would be undertaken by the director as the service grew and had been running for a little longer. This would cover areas such as recruitment, training, people's care records and health and safety. Spot checks and field supervisions on staff were recorded, no issues had been identified but and the manager said any issues identified with staff would be addressed in formal supervision.

Relatives told us the manager was always available and that they were listened to. One relative told us "The service, works well. I ring them up they respond quickly and positively." Another relative said "The manager is very good there. She sorts anything out if needed."

The manager told us they had an open door policy and actively encouraged people who used the service and staff to report any concerns they might have. Staff we spoke with told us they felt well supported by the manager at the service and were could discuss any issues with them. One staff member told us " The manager is really good. She is very supportive and make sure we have everything we need." Another said, "I've never had any major problems but the manager always sort things out anything I call them about."

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 12 HSCA (RA) Regulations 2014 Safe care and treatment People who use services and others were not protected against the risks associated with unsafe management of medicines. Regulation12 (2)(g) HSCA 2008 (Regulated Activities) Regulations 2014

Regulated activity	Regulation
Personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing Arrangements were not in place for staff to receive the appropriate refresher training, as was necessary to enable them to carry out the duties they are employed to perform. Regulation18 (2)(a) HSCA 2008 (Regulated Activities) Regulations 2014