

Harmony Care Homes (2003) Limited

# Harmony Care - Little Bloxwich Community Hub

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Good** 

Is the service effective?

**Requires Improvement** 

Is the service responsive?

**Good** 

Is the service well-led?

**Good** 

# Summary of findings

## Overall summary

### About the service

Harmony Care- Little Bloxwich Community Hub is a domiciliary care service providing personal care to 46 people across Walsall at the time of the inspection. People were supported within their own homes, flats or supporting living accommodation.

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

We found a lack of recorded best interest decisions for people who lacked capacity.

Relatives and people told us they felt safe with the staff who supported people.

Staff had regular safeguarding training and knew about the different types of abuse. Staff understood their responsibilities in relation to protecting people from the risk of harm. Where risks to people had been identified, risk assessments were in place with clear instructions on how to protect people.

People were supported by staff who were well trained and competent in their role. People were assessed before they used the service to ensure their needs and preferences could be met. Staff liaised with other health care professionals to ensure people's health care needs were met safely. Staff were very knowledgeable about people's changing needs and supported people with their medicines when they needed them.

Staff understood the importance of ensuring people's rights were understood and respected. People told us they felt well cared for by staff and this was confirmed by relatives. People told us staff treated them with respect and dignity and encouraged them to maintain relationships and independence.

People's communication needs were assessed and understood by staff. People were provided with information in a format which met their needs.

Staff spoke positively about working for the provider. They felt well supported and they could talk to management at any time. They felt confident any concerns they raised would be acted upon promptly. They felt valued and happy in their role.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were working towards consistently meeting the underpinning

principles of Right support, right care, right culture.

#### Right support:

People were supported to be independent and have choice and control. Improvements are required to ensure best interest decisions are recorded.

#### Right care:

Care was delivered in a way which meant people's human rights were respected.

#### Right culture:

Harmony Care were working with management and staff at all levels to continually improve the culture of the service. Staff were aware of the organisations visions and values which were centred around supporting people to live meaningful lives.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 26 February 2020).

#### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 16 December 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We received concerns in relation to the management of safeguarding incidents, the administration of medicines and the management of quality assurance processes. As a result, we undertook a focused inspection to review the key questions of safe, effective, responsive and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### 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.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Harmony Care - Little Bloxwich Community Hub

## **Detailed findings**

### Background to this 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

The inspection was carried out by one inspector and a specialist advisor who was a nurse. An Expert by Experience made calls to relatives on 20 and 21 October 2021 to gather feedback on the service provided. 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 service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection

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

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the Local Authority and professionals who work with the service. We used the information the provider sent us in the Provider Information Return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with six people who used the service and seven relatives about their experience of the care provided. We spoke with five care staff, including senior care staff and the registered manager.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At the last inspection systems were either not in place or robust enough to demonstrate safeguarding concerns were consistently reported to the Local Authority Safeguarding team. It was not clear they had been investigated to reduce future risks of harm to people. This was a breach of regulation 13 (Safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- At the last inspection we found the provider had failed to ensure staff understood their responsibilities to safeguard the people they supported. At this inspection we found people were protected from potential abuse by staff who had completed regular safeguarding training and knew about the different types of abuse. One staff member told us, "I've completed safeguarding training. There are many different types of abuse such as physical, financial, verbal and emotional".
- The provider had safeguarding systems in place and staff had a good understanding of what to do if they suspected or witnessed abuse. One staff member told us, "If I witnessed or became aware of any type of abuse, I would inform the management team. If I was unhappy with how the incident was managed, I would contact the safeguarding team, CQC or the police."
- People and their relatives explained how staff maintained people's safety. A relative told us, "There are always enough staff. They take [name of person] out into the community and ensure they are safe"
- We found all identified safeguarding incidents had been reported and investigated appropriately.

Staffing and recruitment

- At the last inspection we found the provider failed to ensure there were sufficient staff to support people in a timely way in line with their needs. This placed people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- At this inspection we found there were sufficient numbers of staff to meet people's needs. The provider ensured people had a consistent staff team. One relative told us, "Staff arrive on time and will let us know if they are running late." Another relative told us, "There are always enough staff, they are a good team".
- Each person's staff support needs were pre-assessed on an individual basis, which were reviewed and

updated regularly as people's individual needs changed.

- Staff had been recruited safely. All pre-employment checks had been completed including reference checks from previous employers and Disclosure and Barring Service (DBS) checks. A DBS check enables a potential employer to assess if a staff member has a criminal history to ensure only suitable staff are employed.

#### Assessing risk, safety monitoring and management

- Risks to people's health and safety were assessed, including an assessment of the home environment where care was provided.
- We found risk assessments contained information to keep people safe. For example, we saw assessments to manage the risk from people's behaviour and clear instructions for staff to follow. One person's care plan instructed staff to provide reassurance when the person displayed distressed behaviour.
- Staff we spoke with confirmed they knew how to safely manage identified risks to keep people safe.

#### Using medicines safely

- People told us they received their medicines when they needed them. One person told us, "I receive my medication, no problems ". A relative told us, "The staff do all the meds. [Name] has their own locker for meds".
- People's care plans detailed how they preferred to take their medicines including clear protocols for medicines given 'as and when' needed.
- Staff who administered medicines had been specifically trained to do so. The registered manager completed regular competency checks to ensure safe medicine procedures were followed.
- Medicine Administration Records (MAR's) showed all medicines were administered correctly. Medicine count records accurately recorded the total of each medicine in stock.

#### Preventing and controlling infection

- The provider had systems, procedures and policies in place to help promote good standards of infection prevention and control (IPC).
- Staff had regular IPC training and were provided with updated guidance on how to manage risks associated with COVID-19, including regular testing for COVID-19
- Staff confirmed they had enough personal protective equipment (PPE). The provider had systems in place to help ensure staff used this effectively when in people's homes. Relatives confirmed staff wore appropriate PPE when providing care to people.
- We saw IPC measures were in place at the office and staff wore the appropriate masks.

#### Learning lessons when things go wrong

- The provider had a system to analyse any accidents and incidents so trends were identified and learning from incidents took place.



# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

At the last inspection we found people did not consistently have their capacity assessed and best interests decisions recorded in line with the MCA. This placed people at risk of not receiving care in line with their wishes and best interests. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- At this inspection we found people's capacity had been considered as part of the initial and subsequent assessment process and staff worked alongside people to involve them in decision making when required.
- People and their relatives had been involved, consulted with and had agreed with the level of care and treatment provided.
- Staff were able to describe how they sought people's consent and offered choices to people during their care.
- Some people who lacked capacity did not have a recorded best interest decision, There was evidence of partnership working with other professionals such as social workers and district nurses in relation to the delivery of care. The issue of best interest decisions was raised with the registered manager who confirmed records would be updated.
- The registered manager had sent requests for people to have applications made to the Court of Protection via the Local Authority however they were waiting for these requests to be authorised.

Staff support: induction, training, skills and experience

- At the last inspection the provider had failed to ensure staff received training to support them in their role in line with their own policies as records showed a significant amount of staff training was out of date. At this inspection, training for staff was up to date and was being monitored by the provider. Staff we spoke with told us the training was thorough and provided them with the skills they needed to undertake their role.
- An induction was in place to support new staff. This included on-line training and shadowing more experienced staff.
- Relatives informed us they felt staff had the right skills and knowledge to support people.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and regularly reviewed as and when required if a change occurred.
- People's preferences, likes and dislikes, past life histories and background information were recorded in their care documentation. People's care plans were detailed, included characteristics covered by the Equality Act (2010) and regular reviews were completed.
- People and relatives were involved in the initial development of their care plans. For example, one person told us, "Yes I was involved at the start".

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported in a safe way to eat and drink with a variety of dietary requirements such as diabetic diets.
- People were supported to access healthcare professionals and improve their diet where they wished. For example, people accessed speech and language therapists and dieticians.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported by staff who were aware of their healthcare needs. People's care plans included information about their health conditions.
- Staff worked closely with health and social care professionals to ensure people's changing needs were addressed, and people received the support they needed.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- At the last inspection we found complaints, comments and grievances were not consistently recorded and action was not always taken to address people's concerns. This was a breach of regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 16.

- At this inspection we found people and relatives knew how to make complaints and they felt confident these would be listened to and acted upon in an open way.
- Concerns and complaints were investigated and recorded. There was evidence of action taken to resolve any issues and reduce the risk of reoccurrence.
- Relatives told us they felt able to raise any issues or concerns. One relative told us, "It's much better now, the manager will look into any concern for us."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care that was person centred and responsive to their needs. People's care records included information about their preferences and wishes to ensure support was provided in the way the person wanted.
- Care plans were personalised to the individual and recorded details about each person's specific needs and how they liked to be supported.
- People and relatives were involved in the development of care plans and reviews.
- Daily notes were completed which gave an overview of the care people had received and captured any changes in people's health and well-being. This ensured all staff members were aware of any changes to people's health conditions.

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.

- Information on people's individual and preferred methods of communication was included in their care plan. This meant staff could support people to express their needs and views where the person experienced

difficulties

- The registered manager was aware of the AIS and the service could provide adapted information for people, and information in different formats such as large print if required.
- Documentation could be produced in accessible formats, such as pictorial and large print for people who required this.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had opportunities to engage in meaningful activities. A number of people had recently been supported to go on holiday to Blackpool, the activity had been risk assessed and there were contingency plans for all aspects of the activity. There were individual risk assessments for each service user and a person-centred plan developed for their individual choices whilst on holiday.
- People were supported to maintain contact with relatives during the COVID-19 pandemic, for example using electronic devices and phone calls.

End of life care and support

- At the time of inspection no one was identified as needing end of life support. The provider had procedures in place to discuss people's wishes for what they wanted to happen at the end of their lives and this was recorded in their care plans. The management team and staff told us they would work closely with relatives and healthcare professionals, including GPs to support people at the end of their life.

# 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.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At the last inspection we found the provider's quality assurance systems and tools were not effective at identifying and driving improvements at the service. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At the last inspection audits on medicines and people's daily notes were had not been reviewed to ensure the required improvements were actioned. At this inspection improvements were still required in relation to auditing and monitoring of the service. Issues identified during the inspection such as best interest decisions had not been recorded and this had not been identified by the provider.
- The registered manager had completed some audits assessing the quality of service and taking action to resolve issues. For example, audits of medication had identified missing signatures on medication administration records. As a result, a re-assessment of the staff member's competency had been completed.
- Staff received regular supervisions where they had the opportunity to discuss their role and performance. One staff member told us, "Since the new manager has been in post, I receive regular supervision. I enjoy it because it gives me an opportunity to discuss my development and any improvements or concerns I have about the service".
- Staff training, skills and competence were regularly monitored through observations of their practice and regular refresher training.
- In accordance with their legal responsibilities, the provider had informed us about significant events which occurred at the service within required timescales.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and staff were committed to about providing people with a high quality, personalised service. This was evident throughout our inspection and from the positive feedback we received.

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.

- Through our discussions with the registered manager we determined they were aware of and acted in line with the duty of candour requirements. A duty of candour incident is where an unintended or unexpected incident occurs which result in the death of a service user, severe or moderate physical harm or prolonged psychological harm. When there is a duty of candour event the provider must act in an open and transparent way and apologise for the incident. The registered manager understood their responsibilities to be open and honest when things go wrong.

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

- People's views were sought daily when staff provided them with support.
- There were regular meetings for staff and their views were encouraged. Staff told us they felt valued and their views were respected. One staff member told us, "The team meetings are productive, we have the opportunity to voice our opinions and make suggestions."

Continuous learning and improving care

- Feedback from people, relatives and staff was obtained from quality questionnaires. The feedback was used to support continuous improvement.
- The registered manager spent time alongside staff to identify areas that may need improvement.
- The registered manager ensured they kept up to date with changing guidance. The management team ensured staff were adhering to current guidance and best practice by carrying out spot checks. They also ensured policies had been updated to reflect these changes.
- Staff completed training and had access to continued learning so they had the skills to meet people's needs.

Working in partnership with others

- The provider worked in partnership with people's relatives, health professionals, Local Authority departments and various groups and services within the community to ensure people were supported appropriately.