

Harmony Home Aid Services Limited

Harmony Home Aid

Services Limited - Unit A2

Broomsleigh Business Park

### 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

This inspection took place on 7 January 2019 and was announced. Harmony Home Aid Services Limited - Unit A2 Broomsleigh Business Park is a domiciliary care agency. The service is registered to provide personal care for people living in their own homes. It provides a service to older adults and younger disabled adults. At the time of the inspection, 103 people were using the service.

The previous inspection of the service was on 3 and 11 October 2017 and we found the service was not meeting all the regulations. Two breaches of regulation were found. One breach related to safe care and treatment because risk assessments did not always identify and manage potential risks for people, systems for the management of medicines were not effective, missed and late visits were not always recorded and there was not always a risk assessment recorded on staff records where this was appropriate. The second breach related to good governance because care records and risk assessments were not regularly checked to ensure they reflected people's current needs.

We issued requirement notices for each of these breaches. The overall rating for this service was 'Requires improvement'. We asked and received from the registered manager an action plan that detailed how they would make those improvements to the service.

At this inspection, we followed up on the previous breaches of regulation. We found that the registered manager had taken action to meet all of the regulations we inspected. The overall rating for this service is 'good'.

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.

Staff completed assessments with people which identified risks associated with their health and well-being. The management plans guided staff to manage and mitigate potential risks.

People's medicines were managed in a safe way. Each person had a medicines administration record (MAR). Staff completed these accurately. When a medicine was not administered staff used an appropriate code on the MAR to explain why. Staff completed an audit on MARs and reviewed supplies of medicines to ensure there was enough stock for people's needs.

Staff understood how to protect people from harm and abuse. Staff followed the safeguarding processes in place to report allegations of abuse. Staff captured and investigated missed and late visits and took action to inform the local authority of these incidents for their investigation.

The provider had safer recruitment processes in place. Newly recruited staff completed pre-employment

checks before their employment was confirmed and they were assessed as suitable to work with people using the service. People had enough staff to support them. The staff rota showed people received the assessed care and support required to meet their individual needs. The registered manager supported staff through an induction, training, supervision and an annual appraisal.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were provided with enough information for them to give staff their consent to receive care and support.

People said staff were kind and caring. People commented that staff respected them, their home and their privacy.

Staff supported people with their meal preparation and they had enough food and drink to meet their needs and preferences.

Staff completed assessments with people to identify their needs. Each person had a care plan that detailed the care and support people required to meet their needs.

People accessed health care services when their needs changed. Care workers contacted office-based staff to inform them when a person needed emergency health care.

The registered manager had a system in place for people to make complaints about the service. Each complaint was reviewed and responded to in a timely way.

Nobody receiving a service needed end of life care. Staff had training in end of life care and were aware of which health professionals would provide appropriate care, treatment and support for a person if this was required.

People had the opportunity to give their feedback on the care and support received and the service. Staff regularly contacted people to ensure care workers were providing safe and appropriate care.

The registered manager improved the established systems to effectively monitor, review and improve the quality of the service.

Staff were supported by the registered manager and were provided with opportunities to share their ideas with colleagues.

Joint working relationships were established with health and social care services.

## 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.

There were established safeguarding processes in place that staff followed to keep people safe.

Risks to people's health and well-being were identified. Each person had a risk management plan that detailed the support the person needed to manage and mitigate those potential risks.

Missed and late calls were reported, monitored and managed safely.

Medicines were managed safely for people. There were effective systems in place for the management of medicines.

There were safe recruitment processes in place. Pre-employment checks were completed before staff were confirmed in their role.

There were enough staff available and deployed to meet people's needs safely.

### Is the service effective?

Good ●

The service was effective.

Staff had access to training, induction, supervision and an appraisal whilst employed at the service.

The principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were followed by staff.

People received health care support when their health needs changed.

Staff provided people with meals that met their needs and preferences.

### Is the service caring?

Good ●

The service was caring.

Staff treated people with kindness and respected their privacy and dignity.

People contributed to their care and support plans to ensure these remained relevant and reflected their needs.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Each person had an assessment of their needs before they received a care service.

There was a complaints system in place. Staff responded to people's concerns and complaints in a timely way.

No one required end of life care. Staff had training in end of life care to equip them to support people if they required this support.

### **Is the service well-led?**

**Good** ●

The service was well led.

The registered manager had an overview of the service because of the improvement of the quality assurance systems in place.

The registered manager worked in co-operation with organisations.

Staff felt supported by the manager and were awarded for the contributions to the service.

# Harmony Home Aid Services Limited - Unit A2 Broomsleigh Business Park

## **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.

This inspection took place on 7 January 2019 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. We needed to be sure that someone would be in.

The inspection was carried out by one inspector and one expert 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. Their area of expertise is in services for older people.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help us with the planning of the inspection.

We spoke with nine people who used the service and one relative. We also spoke with the registered manager and the training manager during the inspection.

We looked at 15 care records, medicine administration records for four people, a medicines audit, 15 staff files and other documents relating to the management of the service.

After the inspection, we spoke with two care workers. We spoke to five health and social care professionals

from the local authority to obtain their views on the service.

# Is the service safe?

## Our findings

At the previous inspection we found that some risk assessments still contained inconsistencies and did not always enable staff to mitigate potential risks for people. We also found people's medicines were still not managed safely. These issues were a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the registered manager had taken action to improve the service.

People said they received safe care. People commented, "I feel safe. I always know who's coming. They try to give continuity", "Yes, I do. I always know who is coming up", "Yeah, I do feel confident with them" and, "Feel very safe with the carer. It is the only reason I haven't changed agencies."

Each person had risks associated with their health and well-being assessed. Staff reviewed people's needs and identified potential areas of risk. Risks were categorised as low, medium or high and staff also assessed the likelihood of harm occurring as a result of the identified risk. Risk management plans clearly identified the support people needed staff to provide to manage and mitigate those risks. Staff identified risks associated with people's ability to walk, eating and drinking and mental health needs. Each management plan gave staff clear guidance including actions to take to ensure they supported people safely.

There was an infection control procedure in place at the service. Staff we spoke with understood how their practice and techniques reduced the risk of infection and cross contamination. Staff had access to personal protective equipment like aprons and gloves when delivering care to people.

People medicines were managed safely. People commented, "Yes, they give it to me [medicines] and write it in the book", "Yeah, they do give me medicines and make a note of it" and "Yes, we do the medicine together. This is much easier for me." Staff completed training in the safe management of medicines. Each member of staff had completed an assessment that reviewed their ability to safely manage people's medicines. People who required support with taking their medicines had a medicine administration record (MAR) in place. Each MAR was returned to the office for auditing purposes to check that staff had administered medicines as prescribed. We found the MARs to be accurate because when medicines were not given this was recorded on the MAR.

There was a medicines audit which reviewed each returned MAR. The audits monitored and reviewed the medicines management practices to ensure this was safe for people. Staff managed people's medicines safely and in line with the provider's medicines management policy.

There were systems in place that reviewed and monitored missed and late visits. People commented, "They call if running late. Sometimes traffic makes them a bit late, but they tell you", "No missed call", "Exceptionally good service. They come twice a day, regularly. My children think it's good", "Yes, they do come on time. They phone if there's a problem. They do tell me", "Haven't missed a visit so far" and "If something is wrong and they are running late, they tell me." Staff recorded each missed visit and late visit



with the reason, for example, if the person missed taking their medicine because they were admitted to hospital. All incidents of missed and late visits were recorded, managed and reported to the local authority.

The registered manager shared lessons learnt with staff. Staff assessed a person at risk of harm in relation to fire safety because they smoked in their home. In response to this the registered manager developed a fire safety risk assessment and this was implemented for this person to keep them safe from the potential risk of fire. The service updated their risk assessment following the last inspection. The current risk assessment identified each potential risk and clearly recorded the level of risk, likelihood of recurrence and the action staff should take to manage this risk. The registered manager revised previous medicine administration records (MARs) because these did not always record whether people were having their medicines from original boxes, dosette boxes or blister packs. In response all current MARs clearly stated how medicines were dispensed.

There were established safeguarding procedures in the service. Staff knew what abuse was and how to protect people from the risk of abuse and had completed training in safeguarding. Staff had accurate records of safeguarding allegations that the local authority were investigating. Where an investigation was concluded a response was recorded. This gave the registered manager an overview of all allegations of abuse that occurred in the service.

The registered manager had ensured enough staff were deployed so people were cared for in a safe way. People said they felt the care worker that visited them had enough time to support them with their care needs. People's comments included "Yes, they get quite a lot done in the time", "Oh, yes, they have enough time", "Yeah, they do have enough time to do the cleaning and cook breakfast", and "Yes, of course they have." Staff rotas were arranged in a way that ensured people received the care and support they required.

The registered manager followed safer recruitment practices to ensure suitable staff were employed. Checks on newly employed staff were carried out and returned before their employment was confirmed. Newly employed staff provided proof of identity, employment history, job references and a criminal records check. The provider carried out checks with the Disclosure and Barring Service (DBS) before candidates started work. The DBS provides information on people's background, including convictions, to help employers make safer recruitment decisions. Where a concern was found on a DBS this was followed by a staff risk assessment completed for each of the applicants which assessed their suitability.

## Is the service effective?

### Our findings

People were cared for by staff who were supported in their job. Each member of staff had regular training, induction, supervision and appraisal. People's comments included "I have a well trained and very conscientious regular person, very good", "Would say so. Altogether very good", "Excellent, really" and "Very good indeed. The best in Harmony"

A training manager arranged the training programme for staff each year. The mandatory staff training included, medicines management, person centred care, safeguarding, basic life support, food hygiene, infection control, dementia care and continence support. Staff were happy with the level of training received, they said, "The training is really good" and "Staff always remind you when the training is due." Records showed that staff actively reminded staff of upcoming training through a staff inhouse training newsletter.

New members of staff were supported with a programme of induction. Senior staff supported new staff through 'shadowing' them when providing care. Senior staff assessed new staff's competency for the role and they were confirmed as suitable before working independently with people.

Staff had regular supervision with their line manager. These meetings were flexible and were completed on the telephone if this is what was needed. Staff discussed their daily practice and any concerns they had with people they supported. Staff supervisions were recorded and kept on staff files.

Each year staff had a review of their performance. Staff reflected on their professional development needs and discussed these with their manager. Each manager reviewed staff performance and provided advice and support to meet staff's individual goals.

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 with appropriate legal authority.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. No people being cared for were supported under the MCA. However, staff had received training in the MCA and knew what action to take if they had concerns about a person's decision making capacity.

Staff encouraged people to consent to receive care and support. People confirmed that staff actively asked them for their consent. People commented, "Yes, [care worker] always asks me first and if I am ok", "The [care worker] asks but she/he knows I have my own routine and I prefer to keep to it", "They do, yeah" and "They say 'what do you need?' and I tell them."

People had enough food and drink to meet their needs. People said staff supported them with meals that they requested. People's comments included, "Yes, I get meals sent in", "Yeah, all meals are ok", "Yeah, fine. They know what I like to eat", "They prepare my meals, but [care worker] always fills up the fruit bowl for my breakfast the next day, that's great" and "They microwave the frozen foods I get from Wiltshire Farm Foods. Or they may do me an omelette or jacket potato from fresh."

Staff referred people for additional support when their health care needs changed. We saw records that showed staff had contacted the occupational therapist when a person's needs changed. Staff had observed a person's ability to move without support had changed. The care worker had contacted the office based staff who asked the occupational therapist for an assessment and this was arranged for the person. People commented, "Oh yes, they do help me a lot" and "I think they do understand my condition. Some have looked after me for a long time. Have seen me deteriorate" and "They sometimes come to the clinic with me."

Health and social care professionals told us that they found staff responsive to people's needs when their health needs changed and promptly informed them when this occurred. The health and social care professionals added, "Any concerns were dealt with by the agency in the required time and with satisfactory outcomes" and "In my experience the provider has always been responsive to any concerns", "I have over the years been using them and found them to be totally professional, supportive and consistent in providing continuity of support and care."

## Is the service caring?

### Our findings

People and their relatives said staff treated them with respect and were caring. People commented, "Yes, very understanding and helpful, overall nice", "Yes, they're kind" and "Yes, very good, the regular carer absolutely excellent." A relative added, "We would like to express our feelings of gratitude for our marvellous [care worker]" and "[My family member's] face beamed when she/he saw [care worker] and they obviously get on really well, so reassuring." Health and social care professionals gave their views about the staff who provided care and support for people they arranged care for. Their comments included, "I would like to thank [care worker] as [person using the service] has been very resistant to accepting support and [person] says he/she gets on well with [care worker] which has made a big difference to their life" and "I found [care worker] to be an asset to the service."

Staff understood that people wanted their care needs met with dignity and in privacy. People commented, "So far, no issue", "Yeah, they do" and "Of course, they make sure my care is given in private." Staff said it was important for them to make sure people's privacy and dignity was maintained while supporting them with their personal care. One member of staff said, "I always make sure the door is closed at all times, its dignity, I am very sensitive to that."

Care records showed that staff considered how people wanted their care carried out. A person said, "Yes, [it's] how I want my care provided" Staff supported people to be involved in their care and support. People discussed how they wanted their care delivered with staff, and this was recorded so staff had access to this information. Each person received a service had a copy of their assessment and care plan, so they were familiar with their recorded care needs and how these were to be met.

People had care records in their home which recorded their assessed needs. Care workers completed care logs. These recorded the care and support people received from staff. People commented, "They complete a timesheet and a report in the book. They write little notes each time", "In the folder, every day", and "Yes, they write it up and keep it up to date." Care logs detailed the support they provided, and these matched people's assessed care and staff provided additional information about the person's mood on the day and whether they were well. Care workers told us, "Yes we give the care and the log book is to record this", "You have to do more than what the care plan says", and "Sometimes I have bought a newspaper on my way to see him/her and I just do that."

Staff encouraged people to be independent. Staff encouraged people to do as much as they could for themselves. People said staff helped them where they needed this support and encouraged them to take part in managing their own care. People commented, "Yes, I think so. The [care worker] solves problems", "Yes, it's basic, but I can't do it by myself. I do try to do things by myself I can", a relative added, "Yes, we were asked how we wanted the care provided."

People were encouraged to maintain relationships with people that were important to them. The care and support were flexible, so care workers provided care when it was required. For example, one person told us that they wanted to go out to visit friends but would have missed their care visit. They told us, "I called the

office and discussed with them that I needed [care worker] to arrive a little later than planned. Staff did this for me with no problems and I was able to continue with my day. That was great."

## Is the service responsive?

### Our findings

People received a service that was responsive to their needs. People had an assessment of their care, treatment and support needs. The information was used to determine whether staff could meet people's individual care needs. People said they were involved in their assessments and provided staff with information about their needs, their likes, dislikes, hobbies and interests. The outcome from the assessment was recorded and used to develop a plan of care to meet people's needs.

People were provided with a service user's guide. This contained information on what people should expect from the service and care workers. The aims and objectives of the service and the 24 hour on call contact details were also included.

Care plans were reviewed regularly in line with people's needs. Staff provided people with regular care visits in line with their assessed needs. People said they had a choice of care worker and the time of these visits. People commented "I did ask for a female [care worker] and I got what I wanted", "I was very happy with the [care worker] who came. We bonded well", "We sort out the time between us" and "They fit in with me, the time of the visit was agreed by us both." People's care records contained updated information when their needs changed, and a copy was provided for them.

People, relatives and health care professionals were involved in care reviews. A health care professional said, "They [staff] attend all reviews of care packages and send emails with updates of people's needs and make recommendations if they feel the person does not need or needs an increase of support I have found them to be flexible with people, in changing of days or times more so around attending meetings or appointments" and "I do find their assessment of people when first meeting with them [staff] very proactive and professional in getting the people's views and needs included in the care plan, out of all the agencies that we use."

Staff supported people to access a variety of activities they enjoyed and helped people meet their religious needs. People were supported to attend a church service if this was required. On one occasion staff arrived at a person's home earlier than arranged to support them to get ready to attend church. The person said, "Staff do understand the importance of going to church for me. I have asked them to come earlier so I could go to church." This helped people to continue taking part in things they enjoyed which helped to improve their well-being.

There was a system in place to manage complaints. Staff recorded all complaints and staff appropriately responded to the complainant once the investigation was concluded. We saw records of two complaints people made and we saw that a member of staff was responsible for managing the complaint and updated the complaints log. The registered manager was aware of all complaints received and ensured these were responded to in a timely way.

People said they felt confident about making a complaint about the service. They commented, "I would just phone the agency and speak to a supervisor. Not needed to so far", "I would phone up Harmony. Oh yeah, I

would feel confident to complain if necessary", "I think so. Would have a word with Harmony. If worst came to worst, I would call social services" and "I have the Harmony telephone number in my diary. I have never made or needed to make a complaint. There has been good communication between us." People were provided with a copy of the service user's guide that contained the complaints procedure.

Staff completed training in end of life care which gave them the knowledge and skills to care for people at this time of their life. Staff understood how to support people who required palliative care support and those who required end of life care. Nobody receiving a service at the time of our inspection needed end of life care. Staff were aware of which health professionals would provide support for a person if this was required.

## Is the service well-led?

### Our findings

At the previous inspection on 3 and 11 October 2017 we found some records were not regularly checked to ensure they reflected people's current needs. These issues were a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that the registered manager had taken action to make improvements to the service.

People told us that they felt the service was managed well and they knew who the manager of the service was. People's comments included, "Yes, very well managed, I think. They take their responsibility quite seriously", "So far, yes" and "Very well managed. Very happy to go back to them for a service, as advised by my GP."

There was a system in place to review and monitor the service. There were improved audit systems that checked the quality of the service. Staff completed regular audits of care records to ensure these contained updated assessments and care plans to ensure that people's care records were accurate. The registered manager completed an overall audit of the service. This meant they had an overview of the service and were able to provide staff with additional support if necessary.

People and their relatives were asked for their views on the service. People we spoke with confirmed this. People said, "Supervisor has come out to see me", "I appreciate someone coming in to keep an eye on me" and "The cooperation between the local authority and Harmony is good. I am very satisfied."

We reviewed people's feedback from the questionnaire. People reported they were satisfied with the level of service. They said they were happy with the timing of their care visits and felt they were consulted when their care plan changed. People were overall satisfied with the care and support they received.

People provided staff with compliments. We saw letters and cards that people and their relatives wrote to the service to express their views for the service and care received. People commented, "I want to show my appreciation for the work the care worker who has helped me gain the confidence I lacked" and "I could not have asked for better their attitude to work has been of first class," Two relatives said, "Harmony have given excellent care to [my relative]" and "The care workers attitude to work has been one of first class attention to detail."

The management team reviewed the quality of staff whilst providing care to people. Senior members of staff completed home visits with people whilst their care worker was at their home. Spot checks provided senior staff with the opportunity to review ongoing staff practices including how they engaged with people through these observations. We saw records of regular spot checks these showed any concerns were addressed with the member of staff immediately so their practice improved to effectively meet people's care and support needs.



Staff said that they felt supported by the registered manager and had a clear understanding of their role. They told us that the management of the service was helpful and listened to their needs when they had concerns. One member of staff said, "The management gave me support when I needed it."

The registered manager valued staff who worked at the service. The service had a performance award scheme. This scheme encouraged staff to achieve their potential and rewarded those who were 'going over and above' in their role. Feedback from people using the service was considered when selecting staff for the performance award. Staff were rewarded with an award and a gift voucher in recognition of their contributions to the service.

Staff were supported through regular staff team meetings. Staff were encouraged to share their care experiences. Senior staff used team meetings for a learning opportunity to share best practice. We were provided with minutes from those meetings and they showed staff discussed the provider's new medicine management records, monitoring visits and working with collaboration and cooperation within the team.

People's care and support was coordinated through partnership working with health and social care services. Local authorities provided support to the service and completed external reviews of the service on a regular basis. The feedback from one local authority monitoring visit in 2017, showed all outstanding actions had been completed and no other issues remained. A second 2018 monitoring report recommended that the provider updated risk assessments, accidents and incidents records, their medicines policy and employment records. We found during our inspection that action was taken to resolve these concerns because these records were accurate and had been updated. Two health and social care professionals said, "We actively commission to them when they are available to take on packages of care" and "The staff I normally deal with are friendly, informative, supportive, always willing to go above and beyond the call of duty" and "I do find that Harmony do appear to be more on the ball regards communication and giving of feedback more so when people's needs have changed or situations have arisen in that they are prompt in seeking help guidance or support."