

Harmony Care Homes (2003) Limited

Harmony Care - Staffordshire (DCA)

Inspection report

Heath House
Cheadle Road
Uttoxeter
ST14 7BY

Tel: 01922642967
Website: www.harmonycare.co.uk

Date of inspection visit:
30 May 2019

Date of publication:
12 July 2019

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?

Requires Improvement ●

Summary of findings

Overall summary

About the service:

Harmony Care is a domiciliary care agency that provides personal care within people's own homes for younger and older adults with a variety of needs, including people living with dementia, learning disabilities or autistic spectrum disorder, mental health conditions or a physical disability. At the time of our inspection the agency was supporting 70 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Quality monitoring systems included audits, spot checks on staff practice and regular checks on people's satisfaction with the service they received, by surveys, phone calls or visits from the service's management. The provider had recognised the service needed to improve following our previous inspection and people and staff told us there was improvement. These improvements needed to be embedded into usual practice as there were still some areas where people said there could be some improvement, for example for some people felt less staff visiting and consistent provision of rotas (so they knew which staff were coming) was needed.

People and relatives told us they felt safe with care staff and staff were able to demonstrate a good awareness of each person's safety and how to minimise identified risks. People and care staff told us they were able to attend people's care calls within a timely way and stop for the duration of their planned care call.

People were supported by care staff that were caring. People received care and support based on their individual needs and preferences. Staff were knowledgeable about people, their needs and preferences and used this to develop a good relationship with the people they visited.

People were supported by care staff who had the skills and knowledge to meet their needs. Staff understood, felt confident and well supported in their role. People's health was supported as staff worked with other health care providers when needed to support people's healthcare needs.

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

People's care plans reflected people's needs and preferences and the staff were able to explain recent changes to people's care. People told us they were involved in assessments of their care needs and reviews were carried out by visiting senior staff.

People knew how to complain and that any concerns would be listened and responded to by the provider. The manager saw complaints as useful feedback from which to develop and improve the service.

People, relatives, staff and professionals gave us an overall positive picture as to the quality of care people received, and said they were able to share their views with staff.

People and relatives told us the manager and staff were approachable, organised, listened and responded to them and acted on feedback when they shared this with them.

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

Rating at last inspection and update:

The last rating for this service was 'requires improvement' (published 04 December 2018) and there were three breaches of regulation. We had issued the provider with a warning notice in respect of poor governance. The provider completed an action plan after the last inspection to show what they would do and by when they would improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected: This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Harmony Care - Staffordshire (DCA) on our website at www.cqc.org.uk.

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?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

The service was not always caring.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Harmony Care - Staffordshire (DCA)

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:

The inspection team consisted of one inspector and an Expert by Experience who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience made phone calls to people to ask about their experience with the service.

Service and service type:

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

The service did not have a manager registered with the Care Quality Commission during the time of our inspection, but as they were looking to move locations the current manager (who was registered for another of the provider's services) was going to register at the point the new location was registered. An application for this was received by CQC. Registered persons 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:

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 and we also needed to be sure people consented to us contacting them for their views.

Inspection activity started on 28 May 2019 and ended on 11 June 2019. We visited the office location on 30 May 2019

What we did before the 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 this information to plan our inspection.

During the inspection:

We spoke with seven people and two relatives of people who used the service. We spoke with, two support workers, one senior care coordinator, one field care co-ordinator, the manager, area manager and quality lead. We used this information to form part of our judgment. We looked at three people's care records to see how their care was planned and delivered, this including their medication records. Other records looked at included recruitment files to check suitable staff members were recruited and received appropriate training. We also looked at records relating to the management of the service along with a selection of the provider's policies and procedures, to ensure people received a good quality 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.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people and did not have robust systems in place to protect people from abuse. These were breaches of regulation 12 (Safe Care and Treatment) and 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvement had been made and the provider was no longer in breach of these regulations.

- People told us they felt safe with staff one person telling us, "Staff stand behind me when I am walking so that I am safe, and they offer me choices".
- Any risks to people were identified, with staff well informed of these risks and how to support people to reduce them. For example, people's risk assessments considered risks presented by the person's home environment or health care conditions.
- A member of the care staff told us, "We make sure when leaving people, they have their call pendants on and we lock their property. [People have] risk assessments, for example with equipment and what hazards to look out for".
- People were protected from potential abuse and avoidable harm as staff understood what different types of abuse could be and steps they should take to safeguard people.
- The provider had improved safeguarding systems, and these were understood by staff. These were followed when potential abuse had been identified by staff.

Staffing and recruitment

- People received care calls at the times expected with few exceptions. One person told us, "They [carers] arrive on time, no problems at all, we might wait a couple of minutes but it's not a problem". A relative told us, "There have been occasional issues with late calls, this not all the time but its better now".
- One person told us, "I had to ring the other day when no one turned up. They [carers] always turn up but it was getting late". Another person said when a call was late, "They (the staff) had not let me know and I got worried - phoned office on some occasions. Recently the call times have improved though".
- People told us staff stayed for the agreed length of the call or on occasion longer if needed.
- Staff had been recruited safely. All pre-employment checks had been carried out including Disclosure and Barring Service (DBS) checks.

Using medicines safely

- Where people had assistance from staff with their medicines these were managed

safely.

- Staff involved in handling medicines had received training and competency checks around medicines. Staff were knowledgeable about people's requirements and preferences in respect of how they needed and wanted to take their medicines.
- The provider had taken steps to ensure there was more robust auditing of systems for the management of people's medicines. The provider's quality lead showed us how they audited people's medicine administration records (MARS) weekly, and we saw action was taken when any issues were identified.

Preventing and controlling infection

- People told us they received care in a way that protected them from infection. One person said, "The carers do really well and they're all clean and tidy".
- Where there was a risk of infection we saw this was explored in individual risk assessments, for example in respect of the person's home environment.
- Staff were knowledgeable about how to promote good infection control and told us there was easy access to protective gloves and overalls.

Learning lessons when things go wrong

- The managers told us how they learnt from incidents where outcomes could be better. We saw changes had been introduced since our previous inspection that showed the service was now safer, and ways of identifying where things went wrong were more robust, this so learning could be identified.

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 now improved to '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

- An initial assessment was completed with people to ensure their care was planned and reflected individual needs and preferences. The manager told us they would try to offer people their preferred call times, or as close as possible within any service constraints. One relative said, "Assessments were pre-planned with social services and hospital at start and care all worked out. I was involved in this".
- Staff had enough information to provide care which reflected people's choices and needs. Staff were knowledgeable about people's needs. A staff member told us, "Assessments include as much information as possible, we look at person and medical background - mobility and what can do independently".

Staff support: induction, training, skills and experience

- People told us staff were well trained. One person said, "The training is fine, they [staff] shadow each other and the new one's work with the experienced ones".
- Staff told us they received enough training to ensure they had the knowledge and skills to care for those people they supported. They also told us they had received training to assist them understanding specific health care needs such as stoma care. Where there was specific training for a person's needs the agency would, with their consent also involve the person. This was so they were aware what staff were taught.
- Staff told us the support they received had improved since our last inspection. Their comments included, "The on call is much more efficient – they will ring back straight away" and, "I have noticed a lot of changes for the better".
- Newer staff told us they were well supported through their induction period by management and other staff.
- Staff told us they felt they received enough support through one to one supervision on a planned, or if needed ad hoc basis with the provider now scheduling staff supervisions within set periods.

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

- People's care plans clearly set out the support people needed if they needed help to maintain a balanced diet. One person told us, "I have ready meals, so staff just need to pop in the microwave and then they make me a flask of tea and make sure everything is ok".
- Staff were aware of people who may be at risk of poor nutrition and knew how to monitor these risks to ensure people had enough nourishment. For example, staff told us who was a risk and how they responded to ensure the person had sufficient meals.

Staff working with other agencies to provide consistent, effective, timely care

- The provider worked with other healthcare professionals to ensure positive outcomes for people. For example, one relative told us how staff had followed the recommendations of a health professional to promote their loved one's mobility. They told us the person, "Was bed bound but now is up and walking and now have one carer as is a lot better. Staff have helped in encouraging to walk".
- A staff member told us, "If there are other professional bodies involved we include them and will share information, with the person's consent to help with joined up care"

Supporting people to live healthier lives, access healthcare services and support

- People told us they had access to healthcare services and professionals according to their needs and staff would support them with access, although some had relatives who preferred to make these arrangements.
- Staff were aware of the steps to take if people needed immediate assistance from healthcare professionals, or how to escalate matters if they felt a person was not well.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We found the provider was working within the principles of the MCA.

- Staff understood they needed to gain consent from people before they provided any personal care and act in accordance with their wishes. A member of staff told us, "If the person can't consent then you need to be sure they are accepting but ask first and note if not happy and check if they are comfortable".
- People told us staff would ask them what they wanted them to do and talk through what there were doing when providing care to check people agreed.
- We saw some care plans were signed by relatives and it was not clear if they had the right to legal agree for decisions about the person's health and welfare. The area manager said this was a matter they had identified they were going to review all the files to check which relatives had the legal authorisation to make decisions on behalf of their loved one.

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.

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 'Requires improvement'. At this inspection this key question has now improved to '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 and relatives were positive about how staff provided personal care. People's comments included, "They [staff] are always polite, there's no problems with them, it's all fine" and, "Staff are very good, we have a chat and she always ask me if I am alright".
- The managers and staff were aware of the need to ensure people's diversity was respected and catered for. Staff told us how they would ensure this was considered when they assessed people for the service, and how they considered a person's individual needs and protected characteristics, for example disability or gender.
- There were some people who mentioned they received several different staff, although they were not concerned about this as they considered all staff to be caring. One person said, "There is quite a number of new carers, but some have been with me a long time. They will do what I want them to do. They are caring. Courteous". One person did tell us, "Would prefer to see the same carer instead of having different ones – I don't know who is coming". Based on comments from people and staff those who had used the agency for a longer time received more consistent care staff.
- The provider told us they would offer people new to the service an available time slot based on resources available but appreciated this was not always a person's preferred call time. They did confirm they would try and change calls to preferred times when these became available, and this was confirmed by some people we spoke with. For example, one person said, "I have the same three or four [staff] and they're all very good".

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

- The manager or senior staff met with people on a regular basis to review their needs. Staff told us managers responded quickly when they fed back a person's needs had changed, and they may need more support.
- People's comments included, "They [staff] always ask me what else can I do for you", and, "I had one of the new staff who asked how I wanted things done, she came again and remembered everything she was brilliant".
- A relative said they were listened to as, "They [staff] are very good, I tell them if [person]'s a bit delicate today and they always listen to me and take it on board".

Respecting and promoting people's privacy, dignity and independence

- People told us care staff treated them with respect whilst promoting their dignity, privacy and independence. One person said, "They [staff] are lovely, they fall over backwards to help me". Relatives comments included, "They always leave them alone for their privacy" and "Carers do respect [the person], our home and are polite".
- People told us staff promoted their independence. One person told us, "When I am feeling good enough I get my own shower but they [staff] have helped me in lots of ways to get better".
- Staff were knowledgeable about how to ensure people were respected and ways in which they should promote a person's privacy, dignity and independence. For example, one member of staff told us, "You give people control and choice as their homes. Your body language, tone of voice and ability to listen and respecting the person as an individual are all important".

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'.

The way people's needs were met was improving with better organisation and delivery.

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

- We looked at how the provider complied with the AIS. People we spoke with told us they had copies of their records in their home and told us senior staff visited to talk about their care and whether changes were needed. A relative told us, "We had a care plan review earlier in the year and I am happy with it".
- People told us staff would talk through how they wanted their care provided when they visited, and staff were knowledgeable about people's needs, as recorded in their care plans. A relative told us the person's, "Care plans and records are at their house, so I can check". One person said, "I think someone [from the office] is coming in today to look at the paper work with me".
- We found people's care records showed what people expected in respect of their needs and personal requirements. We saw care plans contained easy to understand instructions and enough detail for easy understanding of the care to be provided. One person said, "They [staff] always know the routines and where things are and how I like things".

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.

- The service was not supporting people with specific packages of care where the focus was to support people's social activities and integration within the community at the time of our inspection.
- Staff were aware that people may be at risk of social isolation and said they would where time allowed spend time talking with people. One person told us, "Staff are very polite and if they've got time we have a chat and get to know each other. It makes such a difference when you live alone".

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened to and responded to. The provider had a complaints policy and procedure. Written information about how to raise a complaint was available to people in books that were kept at their home and people knew how to complain. One person said, "I can complain if need to, I can ring the office".
- One person told us they had made a complaint when a carer, at the start of the service was rude. They told us this was discussed with the office and the carer removed from their call. When asked if anything else

could be improved about their care and they said not.

- We saw the provider had tracking documents in place so that any progress with complaints was monitored. We saw the provider did analyse any concerns or complaints and looked to see whether these could have been pre-empted and what they could do to prevent a repeat of the issue.

End of life care and support

- The provider was not supporting any person that was on an end of life pathway at the time of the inspection.

- The manager told us in the event of a person becoming terminally ill they would review the person's care and look at any what they may need to do to support people at this time in 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 'Requires improvement'.

This meant the service management and leadership was improving but systems needed to be embedded. The provider was looking to create a culture they created to help improve the consistent delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to robustly ensure robust and effective management of the service. This was a breach of regulation 17 (good governance).

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

- There was not a registered manager in post at the time of our inspection. There was a manager who was registered for another of the provider's locations. They had applied to register at the location this service was in the process of moving to (subject to approval of their current application).
- The provider recognised the service needed improvement following our last inspection and had improved the quality monitoring arrangements in place. Some areas still needed improvement, this progressing. Systems needed to embed to ensure robust and consistently effective governance. For example, some people wanted fewer care staff visiting, which would be helpful for people living with dementia. Some people also commented on not receiving rotas, therefore not knowing which staff were to visit.
- The provider had also improved management arrangements by employing more senior staff to assist with monitoring and planning care visits. In addition, a new call monitoring system was now in place to allow better monitoring of care calls. There was better auditing in place, for example, we saw medication audits were more robust and senior staff carried out spot checks on the care staff to ensure they completed safe and effective care.
- The provider had ensured we were notified of events as required by the law. They were also aware of the need to ensure the previous CQC inspection rating was displayed.

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

- People were asked to complete regular surveys, and when practicable calls and visits were made to people to ensure they were satisfied with the service. Most people we spoke with recalled filling out a survey form and others said seniors visited to check on staff or ask about their satisfaction with the service. A relative told us they had completed a survey form recently and, "They [the provider] will see that I ticked good, good, good".
- Staff were involved in decision making through supervision, contact by phone or where able visits to the service location. A senior told us team meetings were planned by areas.

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

- The manager and provider were developing an open, transparent and supportive culture within the staff team, to encourage open communication. Staff confirmed the service had improved since our previous inspection. Their comments included, "Better care plans, management spot checks - had quite a few, three this year", and, "Staff support network has improved".
- People were positive about the agency with comments including, "I am absolutely happy with the service and it's well worth it", and, "There are little things they [the staff] do that make all the difference". A relative told us, "I would definitely recommend them, I am very happy with them".
- The provider had commenced auditing any safeguarding alerts, complaints, concerns or incidents and carried out an analysis which identified any subsequent learning. They were also analysing survey results by areas, so they were better able to establish if any trends related to a specific staff team, so improvements when needed were more focussed. For example, the provider had identified the need for increased spot checks in one area.

Working in partnership with others; 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 manager and provider told us how they worked closely with commissioners and other health care professionals to promote joined up care between themselves and other services. They told us how they worked with nursing services for the benefit of people who required input they were not able to provide, for example nursing tasks.
- The management team understood their duty of candour and were honest as to the challenges the service had faced and accepted the need that improvement had been necessary at the time of the last inspection.