

Manuel Divine Care LTD

Harmony Projects

Inspection report

Office 36, Titan House
Central Arcade
Cleckheaton
BD19 5DN

Tel: 01274866875

Date of inspection visit:
06 January 2023
30 January 2023
01 February 2023

Date of publication:
14 April 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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 Projects is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults and children with various needs including, physical disabilities and people living with dementia or a learning disability. At the time of this inspection 43 people were using the service.

Not everyone who used the service received personal care. The Care Quality Commission (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

Systems were not robust enough to demonstrate medicines were effectively managed. People's medicines records did not always contain enough detail. People's allergies were not recorded. Although a medicines audit tool was in place and being completed regularly it did not pick up on the discrepancies we found during the inspection.

There was mixed feedback from staff about the provider and wider management team, some staff felt supported in their roles whilst others didn't. The provider had poor management systems in place to support overseas staff with their employment at the service. Staff told us about various issues with their employment and contracts. We escalated these concerns to the local authority.

Care plans did not consider people's end of life wishes. We fed this back to the provider, who told us they would take action to ensure people's end of life wishes would be discussed and included in people's care plans.

Staff had received training in safeguarding people. People were protected from the risks of abuse and staff were trusted to keep them safe. People's care needs were risk assessed and people's ongoing risk assessments were reviewed on a regular basis and when needs changed.

Recruitment checks were robust to ensure staff were suitable to work with vulnerable adults. Staff had received an induction when they first started working at the service and training relevant to their roles had been provided.

People told us staff were on time for their visits, however, when staff were delayed, people were not always informed. The provider was already aware of this feedback and had spoken to staff to resolve the issue.

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

At the time of the inspection, the location did not provide personal care for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

Staff knew people's histories and preferences and used this knowledge to support them in the way they wanted. People's views and decisions about care were incorporated when their care packages. People were involved in making decisions about their day to day care. People were treated with dignity, privacy and respect. People's independency was encouraged where possible and this was reflected in people's care plans.

People's communication needs were met. The service was aware of the Accessible Information Standard (AIS) and each person's specific communication needs were detailed in their care records. Complaints had been responded to in line with the providers complaints policies and procedures.

Person-centred care was promoted. The provider and staff demonstrated a commitment to people, and they displayed person-centred values.

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

Rating at last inspection

This service was registered with us on 13 November 2019 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement and Recommendations

We have identified a breach in relation to the effective management of medicines at this inspection. We have made a recommendation in relation to people's end of life wishes

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Harmony Projects

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

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 registered manager would be available to support the inspection.

Inspection activity started on 6 January 2023 and ended on 1 February 2023.

What we did before the inspection

We reviewed information we had received about the service since their registration. 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service and 3 relatives about their experience of the care provided. We spoke with 8 members of staff including the registered manager, field supervisor and care workers.

We reviewed a range of records. This included 3 people's care records and multiple medication records. We looked at records in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

This performance review and assessment was carried out without a visit to the location's office. We used technology such as phone calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation. Inspection activity started on 6 January 2023 and ended on 1 February 2023.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- People's medicines records did not always contain enough detail. The service used electronic medication administration records (MARs) and they lacked detail of the medicines administered from blister packs. Staff had limited guidance to identify what medicines they were administering, which placed people at increased risk of experiencing harm from avoidable medicines errors.
- People's allergies were not recorded.
- The National Institute for Health and Care Excellence (NICE) guidelines were not adhered to. NICE provides national guidance and advice to improve health and social care. We found MARs did not contain details such as people's GP practices.

We found no evidence that people had been harmed however, systems were not robust enough to demonstrate medicines were effectively managed. 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.

The provider assured us records will be updated and the issues will be addressed. This was yet to be embedded into practice.

- People told us they received their medicines. One person told us, "They [staff] help me with my medication and everything is fine." A relative added, "There are no problems with the medication, [relative] receives them as they should."
- Staff were trained in the safe administration of medicines and had their competency assessed.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding people. Staff we spoke with were confident to report concerns and satisfied action would be taken to investigate them. A staff member told us, "I have had the training. If I had concerns I will raise the concerns to my co-ordinator and team manager. I know I could contact the CQC if needed. I know I can also whistle-blow."
- People were protected from the risks of abuse and staff were trusted to keep them safe. People told us, "I feel safe with them [staff]" and "I feel safe. Yes [staff are professional and trustworthy], they [staff] are all good."

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

- People's care needs were risk assessed and people's ongoing risk assessments were reviewed on a regular

basis and when needs changed. A relative told us, "The support is meeting [relative's] needs."

- There was a suitable system in place to report, monitor and learn from accidents and incidents.

Preventing and controlling infection

- Staff received training in infection prevention and control and told us personal protective equipment [PPE] was readily available to them. A staff member told us, "We have enough PPE and we get them from the office." A person commented, "They [staff] always wear aprons and gloves."

Staffing and recruitment

- Recruitment checks were robust to ensure staff were suitable to work with vulnerable adults. Staff had the necessary safety checks in place before starting work and completed a full induction.
- The provider had systems in place to monitor staffing levels and ensure people received their visits. An electronic system was used to determine staffing levels, issue staff rotas and deploy staff to people's care visits. Staff told us there were enough staff to complete the daily visits, travel time was allocated on their rotas and their shifts were covered when they were absent.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff had received an induction when they first started working at the service and training relevant to their roles had been provided. One staff member told us, "I have had induction and training, it was quite good. I've not done care work before and felt that the training was enough to start the job. I did some shadow shifts which was enough for me. I felt I was properly prepared."
- Staff had regular training and opportunities for supervision. A staff member commented, "We have regular supervisions and they are helpful." A relative added, "Staff are knowledgeable and trained in their roles."

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

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

- People's needs were assessed prior to starting with the service and care plans were developed according to people's needs. People and relatives were involved in their care planning, which was reviewed regularly or when people's needs changed. A relative told us, "I am involved in reviews in [relative's] care planning. Staff keep me updated."
- Where people required support with their food, the level of support was agreed and documented in their care plan. A person told us, "They [staff] help me with my meals and give me choices."

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

- Staff worked in collaboration with people and their relatives to meet people's care needs. A relative told us, "They [staff] keep us updated. [Relative] wants to go shopping and a carer has asked the supervisor if they can take [relative] shopping. The supervisor said this is fine and it will be accommodated when [person] is ready to go out."
- Timely care was provided. The provider operated an electronic call monitoring system which allowed managers to monitor if staff were on time for people's visits. People told us staff were on time for their visits, however, when staff were delayed, people were not always informed. The provider was already aware of this feedback and had spoken to staff to resolve the issue.

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 MCA 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.

- Staff received training in MCA. They understood consent, the principles of decision-making, mental capacity and deprivation of people's liberty. One staff member told us, "MCA is about individual people and their capacity to make their own decision, their right to make their own decisions, to be supported to make decisions for themselves, and in their best interest."
- Mental capacity assessments and best interest decisions were considered. People's care plan contained information about people's cognition and mental capacity assessments were completed as part of people's care planning.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff had received training in equality and diversity, and they were committed to ensuring people were treated well.
- Staff knew people's histories and preferences and used this knowledge to support them in the way they wanted. People told us, "It is so nice to have them [staff], they are chirpy, and they chat with me and it makes a lot of difference" and, "The carers are kind and caring." A relative added, "The carers are caring, very patient, they are good with [relative], they do their best with [relative]."

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

- People's views and decisions about care were incorporated in their care packages. This helped staff to support people in a way that allowed people to have control over their lives and make day to day decisions. People and relatives told us staff listen to their wishes.
- People were involved in making decisions about their day to day care. A staff member commented, "I make sure I don't assume what people want, I give them choices. For example, with food, I bring a variety of choices and ask what they would like to eat and get them to choose."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity, privacy and respect. People told us, "The carers treat me with respect, they are very good, they are friendly, and helpful" and, "The carers treat me with dignity and respect. I trust the carers, wonderful, they wouldn't be in my house if I didn't [trust them]."
- People's independency was encouraged where possible and this was reflected in people's care plans. A staff member told us, "I have one client who needs support with personal care, I let [person] do what they can for themselves and assist them where struggling, they feel very happy with that." A relative added, "They [staff] always encourage [relative's] independency, like when they [staff] take [relative] for a walk."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- Care plans were detailed and person-centred. The care plans provided guidance for staff about how to best support people's needs and preferences. Staff completed daily care records for people, which showed staff were meeting people's individual needs as recorded in their care plans.
- People and relatives were involved in reviews and care plans were accessible electronically with live updates.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were met. The service was aware of the AIS and each person's specific communication needs were detailed in their care records.

Improving care quality in response to complaints or concerns

- There was an up to date complaint policy in place and the provider ensured the quality of care could be assessed, monitored and improved upon.
- Complaints had been responded to in line with the providers complaints policies and procedures. A person told us, "I have not needed to make any complaints, I know how to. I am happy with the care, my husband is also very pleased with them [staff]."

End of life care and support

- Staff had access to end of life training and end of life care could be facilitated alongside community healthcare professionals if required. However, at the time of this inspection the service was not supporting anyone who needed end of life care.
- Care plans did not consider people's end of life wishes. We fed this back to the provider, who told us they would take action to ensure people's end of life wishes would be discussed and included in people's care plans.

We recommend the provider reviews their systems for people's end of life wishes.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Ineffective governance and quality assurance systems were in place.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Working in partnership with others

- Systems and processes to assess, monitor and improve the service required improvement. Medicine audit systems were not robust. Although a medicines audit tool was in place and being completed regularly it did not pick up on the discrepancies we found during the inspection.

Effective quality assurance systems were not in place. This contributed to the breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was mixed feedback from staff about the provider and wider management team, some staff felt supported in their roles whilst others didn't. Comments included "We don't always get a response from the manager when we raise issues about our employment", "The manager's communication is not always great", "The manager is alright" and "The managers are good."
- The provider had poor management systems in place to support oversees staff with their employment at the service. Staff told us about various issues with their employment and contracts. We escalated these concerns to the local authority.
- The provider worked in partnership with some local health and social care professionals. However, professionals who worked with the service told us the provider engagement had been poor.
 - Other audit systems were in place to monitor the standard of care people received. Regular audits of care plans, communication logs, accidents and incidents and staff files were completed.

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 provider understood their responsibility to let people and their relatives know if something went wrong under their duty of candour.

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

- People and relatives' feedback was sought through people's care plan reviews and surveys. The provider has analysed the resulted from the recent survey and implemented an action plan to make improvement.
- Staff views were sought through regular meetings, supervisions and surveys. The provider had sent out a recent staff survey and were awaiting the feedback before analysing any results.

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

- Person-centred care was promoted. The provider and staff demonstrated a commitment to people, and they displayed person-centred values. People's choices were respected, and staff supported them to achieve good outcomes.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems had not been effectively established to ensure the safe administration of people's medicines. Regulation 17(2)(c) Systems were not always robust to assess, monitor and improve the quality and safety of the service. Regulation 17(2)(a)