

Hands In Harmony Home Care Services Limited

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Inspection report

Unit 8-9, 106A Bedford Road
Wootton
Bedford
Bedfordshire
MK43 9JB

Tel: 01234339184

Website: www.handsinharmony.com

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Outstanding ☆

Summary of findings

Overall summary

About the service

Hands in Harmony Home Care Services Limited provides personal care and reablement support to people in their own homes. At the time of our inspection 60 people were using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive the regulated activity of personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of this inspection 30 people were receiving support with personal care.

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

We received exceptional feedback about the service. Comments from people who used the service and relatives were very complimentary and consistent stating they were extremely happy with the care, treatment and support the service provided.

There were exceptional relationships between people, their families, and members of staff. People and relatives told us about the positive impact the service had on their lives and how things had changed for the better. Each person was treated as an individual and as a result, their care was tailored to meet their exact needs.

There was an extremely positive culture within the service and the management team provided strong leadership and led by example. The management team had clear visions, values, and enthusiasm about how they wished the service to be provided and these values were shared with the whole staff team. Staff had clearly adopted the same ethos and enthusiasm and this showed in the way they spoke about people and their caring roles.

People told us they felt safe, and their care was well delivered. Detailed risk assessments were in place to protect people from the risk of harm. Robust procedures were in place to ensure care visits were not missed.

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.

Staff and managers were clear about their responsibility to safeguard people from abuse. People received care in their own homes from staff whose suitability was established through recruitment processes. People received their medicines safely and staff followed appropriate infection, prevention and control practices.

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

Rating at last inspection

The last rating for this service was Good (published 09 December 2018)

Why we inspected

This inspection was prompted by a review of the information we held about this service. We undertook a focused inspection to review the key questions of Safe and Well-led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained Good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hands in Harmony Home Care Services Limited on our website at www.cqc.org.uk.

Follow up

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 safe.

Details are in our safe findings below.

Good 

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding 

Hands In Harmony Home Care Services Limited

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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 1 inspector and 1 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.

Service and service type

Hands in Harmony Home Care Services Limited is a domiciliary care agency. It provides care and a short term reablement service 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 in the office to support the inspection.

Inspection activity started on 22 November 2023 and ended on 24 November 2023. We visited the location's office on 22 November 2023.

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. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan our inspection.

During the inspection

We contacted 10 people using the service and 2 relatives to gain their views of the care provided. We spoke with the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also had discussions with 8 staff that included the office manager, training manager, 2 team leaders and 4 care and support staff. We sent emails to 10 staff members for feedback, and we received 6 responses.

We reviewed a range of records. This included 4 people's care records, risk assessments and medication records. We looked at staff recruitment documents and a variety of records relating to the management of the service, including staff training and supervision records, quality assurance information and feedback from people and staff.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes

- People were protected from the risk of harm. People told us they felt safe whilst supported by staff. One person said, "I am as safe as houses. They [staff] are confident and competent." Relatives echoed these views and 1 commented, "I know my [family member] is safe when the carers arrive. They always make sure [family member] is safe when walking as they have had a few falls."
- Systems and processes were in place to help identify and report abuse to keep people safe. Staff received training in safeguarding and were knowledgeable on how to identify the signs of abuse and how to report concerns.
- There were systems in place to make safeguarding referrals to the relevant authorities and the registered manager and provider understood their responsibility to report safeguarding concerns. Records confirmed this.

Assessing risk, safety monitoring and management

- Risks to people's health, welfare and safety had been assessed before the service agreed to provide care for people and these were regularly reviewed by the management team.
- People's risk assessments provided staff with instructions on how to work in a safe way to reduce and manage risks to people's safety. For example, if people were at risk of falls, a detailed risk management plan was put in place to reduce the likelihood of any falls.
- Staff were able to tell us how they supported people safely and understood people's risks. One staff member told us, "We have risk assessments in place for different things, depending on the person. They guide us on how to keep people safe. One person I look after has a falls risk assessment and I have to make sure their home is free from clutter, so they don't trip over any objects."

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's mental capacity had been considered in line with guidance for relevant decision-making processes.
- Staff told us they always asked people for consent before they provided personal care or undertook a task. A relative commented, "The carers always ask, and they always explain so everything is understood."

Staffing levels

- There were enough staff to meet people's needs and people received support from a regular staff team. One person told us, "The carers are very reliable and always arrive punctually. I see the same carers and we have got to know each other well."
- Staff told us they felt staffing numbers were sufficient to meet the needs of people using the service and keep them safe. One said, "My workload is manageable. I never feel rushed or under pressure." Another told us, "If we are running late the manager will organise for someone else to take some of the calls off us. I never feel pressured."
- Staff were recruited safely. The provider completed pre-employment checks such as references and Disclosure and Barring Service (DBS) checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were managed safely. Staff told us and records confirmed they received training in medicine administration and their competency was assessed regularly.
- People's care plans highlighted any risks associated with medicines and provided guidance for staff about how people took their medicines and what support was required.
- We saw evidence that regular auditing of medicines was carried out to ensure any errors could be rectified and dealt with in a timely manner.

Preventing and controlling infection

- Staff understood their responsibilities for keeping people safe from the risk of infection. Procedures had been enhanced following the start of the COVID-19 pandemic. One staff member told us, "We have had guidance and training about infection control and COVID-19. I feel confident our procedures keep everyone safe."
- Staff had enough supplies of Personal Protective Equipment (PPE) and every person and relative we spoke with confirmed staff always wore their PPE. A relative told us, "They [staff] always wear the correct PPE. They are very strict about that."

Learning lessons when things go wrong

- Accidents and incidents were recorded, and systems were in place to identify possible themes in order to reduce the chance of a similar incident occurring again. The registered manager understood how to use the information as a learning opportunity to try and prevent reoccurrences.
- Staff told us the registered manager was open and shared learning from incidents with them, such as changes to people's care and support to reduce risks to people.

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 our last inspection we rated this key question Good. At this inspection, the rating has changed to Outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- All the feedback we received about the service was very positive and each person, without exception, told us how valuable the service was to them. One person said, "The carers are wonderful, I feel without them I would not still be here." Another commented, "I am going to be [age] soon and am living independently because of the great support I get from the carers."
- People and their relatives considered the service was exceptionally well managed, and excellent standards of care were provided by a team of highly skilled and caring staff. One person summed it up with their comments, "It is a fantastic service which is very professionally managed. The carers and everyone go above and beyond to make sure we get the best care. They genuinely care about us."
- In the previous 12 months the service had enabled 121 people to become completely self-caring. For example, following a prolonged period of homelessness 1 person had been rehoused but had become insecure, anxious, and refused to leave their home. Staff supported them to slowly go to the shops with them which resulted in the person eventually shopping independently. This increased their confidence and self-esteem prompting them to take further steps towards independence. This process took 18 months.
- Some people had lost their home during extended hospital admissions, and upon discharge, were rehoused somewhere new. We saw that on several occasions the management team either purchased from their own money or donated goods such as bedding, toiletries, cooking, and kitchen equipment because people had not been provided with the essential household tools to support them with their reablement needs when rehoused. Such actions demonstrated a strong commitment to ensuring people experienced positive outcomes.
- We saw that staff had offered to sit with 1 person who was receiving end of life care between their scheduled calls and throughout the night because they had expressed feelings of fear and loneliness. This meant the persons anxieties were reduced and enabled them to have a peaceful and dignified death.
- The provider had put together a kit bag for staff to offer basic provisions to people if they came out of hospital without these. For example, the bags contained packets of soup, tea coffee, sugar flannels and toiletries along with other essential goods. This ensured people had the basic but necessary equipment and provisions to support them on returning home.

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

- There was a clear management structure that passionately promoted a person-centred ethos and

commitment to promoting independence and personal achievements. Staff said the registered manager and the management team were excellent role models who fostered a culture and attitude that anything was possible, and everyone involved was willing to go above and beyond expectations to ensure people could have enriched and fulfilled lives.

- During our conversations with staff, they demonstrated they cared immensely for the people they supported. One staff member commented, "It's about enabling people to be independent and have the best life they can." Staff clearly all shared this ethos and people receiving the service agreed.
- The provider had successfully embedded a comprehensive and very robust auditing systems. This included internal audits of all areas of people's care. Best practice was shared with staff, identifying what had worked well for each person, or what had not worked well. For example, as result of feedback the provider developed a direct relationship with the equipment supplier and formed a close working relationship with the Occupational Therapists, to ensure the timely delivery of equipment.
- There was a strong focus on inclusion, equality and diversity for people using the service and staff. For example, 1 person was not able to read their book of faith as it had to kept on a high shelf which they could not reach. The person was upset that they were not able to follow their faith as they wished. They were matched with a staff member of the same faith to ensure they treated the person's book of faith in line with their beliefs.
- The provider and registered manager understood their responsibilities under 'duty of candour' to be open and honest when things went wrong, for example, notifying relatives if their family member had an accident or became unwell; investigating incidents thoroughly and sharing and learning from any failings.

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

- People were encouraged to comment about the quality of the service through satisfaction surveys. For example, people completed surveys about their experience after the first 6 weeks and their feedback was used to make improvements to the service. An example of this was that following feedback the provider developed a direct relationship with the equipment supplier and formed a close working relationship with the Occupational Therapists, to ensure the timely delivery of equipment.
- We saw numerous examples of how people had been encouraged to provide feedback via a scheme called 'you said we did' which demonstrated that the provider listened to people and acted upon their feedback. For example, 1 person had completed their reablement care package but still required on going care but did not want a different provider. They expressed their anxieties about this in a satisfaction survey. At the time, the service did not have capacity to provide a permanent care package so staff who usually worked in the office, but were qualified to give care and support, decided to provide the support until they had capacity to provide a permanent care package.
- Feedback gathered by the provider from people and relatives about their care were incredibly positive and included, "All the ladies I have met with [family member] have been excellent. I could not have coped without them." And "[Family member] is really benefiting from the care they receive, and it is enabling them to stay in their own home." An analysis of these surveys showed positive and consistent feedback from people, including those who benefitted from a safe discharge from hospital.
- The service had an open culture where staff had opportunities to share information, this culture encouraged excellent communication and learning, which achieved positive outcomes for people. A member of staff commented, "There is very good team working and we work in partnership with people, their families, health professionals and each other to improve the quality of the service."

Continuous learning and improving care

- Staff told us learning from concerns and incidents was a key contributor to continuous improvement and meant the service continued to change and adapt the support provided and reduce the risk of further

reoccurrence. For example, the service had been informed that 1 person had been admitted to hospital, so their care calls were cancelled. However, after calling the hospital to locate the person the staff learned they had not been admitted to hospital. This put them at risk of not receiving their care at home. In response the provider introduced a new policy to ensure care calls were not cancelled until the hospital had been contacted to confirm the person had been admitted.

- Information from the quality checks, complaints, feedback, care plan reviews and accidents and incidents were used to inform changes and improvements to the quality of care people received. For example, following a review of accidents the service was participating in a scheme to trial a Raizer Chair (an emergency lifting chair that is assembled around a fallen person to lift them up from the floor after they have had an uninjured fall) which meant people would not have to wait for long periods before a paramedic arrived to assess the situation.
- The provider demonstrated a progressive and positive approach to learning and development and ensured staff had access to any specialist training they needed. The nominated individual participated in the Working Group at National Institute for Health and Care Excellence (NICE) that wrote the Intermediate Care including Reablement Guideline. This meant they were able to base the service on national best practice.
- There was a focus and importance placed on ensuring staff had the skills to do their jobs well with opportunities for continued learning and development linked to the needs of people. For example, 1 staff member had completed additional training in understanding Parkinson's disease, 60 Second Skills for Self-Limiting Belief, Diabetes, End of Life, Prevention of Urinary Tract Infections and Food Hygiene Level II.

Working in partnership with others

- The service worked in partnership with key organisations and agencies to support people's care provision and transform service development. For example, they liaise with the Falls Team, Occupational Therapists (OT), Physiotherapists, Diabetic Nurses, GP's, and Pharmacies to ensure to ensure people had the care and support they needed and were entitled to swiftly.
- Where risks have been identified in relation to hoarding, smoking or where people are unable to exit their home in the event of a fire the provider works with the Fire Service to ensure support people to be safe in their homes.
- The provider worked with the Red Cross and supported people to access food banks which meant people could access other support when they needed it.
- Where a person who usually self-medicates has been identified to be at risk because they are forgetting to take their medication the provider will contact the local pharmacy and ask them to visit the person and complete a medication assessment to ascertain if there is any technology that could support the person to remain independent.