

Harmony Care and Support Limited

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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?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Harmony Care and Support is a domiciliary agency that provides personal care and support to people living in their own homes. It provides support services to people with a range of needs such as physical disability, learning disabilities and autism. 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. At the time of the inspection 156 people were being supported by the service with personal care tasks.

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

We received mixed feedback about people's call times. People told us they felt they should be told about late calls and that didn't always happen. The registered manager had measures in place to monitor call times, and we saw action was being taken to improve this. There were also protocols in place to ensure people's safety.

People were sent rotas in advance to inform them of who to expect. However, some people told us they didn't always know which staff were due to complete their call as rotas were sometimes incorrect. This was mainly when changes had been made due to staff sickness or holidays. The registered manager was working to address this.

People felt the care they received was "outstanding" and carers were "brilliant." People told us their care was person centred, however some calls were not at the right time. People were understanding of this, when they knew the call was going to be at a different time. Staff were aware of people's life history, and their communication needs. They used this information to develop positive and meaningful relationships with people.

Care plans contained detailed information with regard to people's support needs and were reviewed regularly. People, and where appropriate their relatives, were involved in the care planning process.

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.

Risks which compromised people's health and well-being were appropriately assessed, reviewed when needed and contained detailed information. People told us they felt safe with the service.

Staff were caring and always promoted people's dignity and independence. Staff were trained to support people safely and effectively.

There was a clear complaints policy for the service. Complaints we saw had been responded to

appropriately. People told us they felt comfortable discussing any concerns with the service but did not always feel like they were listened to or informed of the outcome of feedback. We saw evidence of managers discussing some concerns with people and their relatives, and action plans were developed identifying improvements to be made. However, improvements weren't always clearly recorded, and it wasn't always evident how the registered manager had improved care as a result of identified issues.

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 1 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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.

Details are in our caring findings below.

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 & Support Ltd

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 was carried out by one inspector and one assistant 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

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

Inspection activity started on 4 September 2019 and ended on 9 September 2019. We visited the office location on 6 September 2019.

What we did before the inspection

We reviewed information we had received about the service since registration and we sought feedback from professionals who work with the service. We used the information the provider sent us in the provider

information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 17 people who used the service and seven relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, operations manager, and support workers.

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

Is the service safe?

Our findings

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Safe recruitment processes were in place. This ensured staff employed were safe to work with vulnerable people.
- People told us they thought there were sufficient staff available to meet their care needs however, some people said care staff were sometimes late. For example, one person said, "They don't always tell me who to expect, they aren't always on time." The registered manager told us there was an agreed 15 minute window for call times, and we found most calls were made within this timeframe. When calls were over the agreed time, it had not impacted on people's safety because there were appropriate measures in place.
- The registered manager told us the use of an electronic call monitoring system had started to improve the effectiveness of monitoring care calls. We saw action had been taken to make improvements when calls were late.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding referrals had been made appropriately and actions put in place to help ensure the safety of people.
- Staff had received safeguarding training and were knowledgeable about safeguarding procedures.
- People and their relatives said they felt safe with the service. One person said, "Harmony are really good, staff are well trained and I'm safe."

Using medicines safely

- Staff received training in the safe administration of medicines and had their competency assessed to help ensure their practice was safe.
- Thorough audits of medication were completed. The registered manager showed us that where errors had occurred, such as staff not signing for administering a medicine, these errors were identified and dealt with immediately.
- Since the last inspection, the operations manager had worked with pharmacy teams to develop medication plans for people. These have been highlighted as best practice at local provider forums, and learning was being shared with other services in the area.

Assessing risk, safety monitoring and management

- People's care plans contained a range of assessments identifying potential risks. Records showed that measures were in place to mitigate those risks. When plans to manage risks could not be followed due to people's choice, this was appropriately risk assessed. One person who was recommended a soft diet due to risk of choking, chose not to have their food softened. Although this decision wasn't effectively recorded in the care plan, we could see the risk had been assessed and the appropriate professionals informed. The care plan was updated during the inspection.

- Risk assessments included risks within their home environment and identified specialist equipment people needed to keep them safe.
- An on-call system was in place to ensure advice and support was available to people and staff out of hours.

Preventing and controlling infection

- Staff confirmed they had access to Personal Protective Equipment, such as aprons and gloves when supporting people with personal care or when preparing food.
- People and their relatives told us that staff promoted good hygiene practices. One person said "They always wear gloves and aprons for all of my care."

Learning lessons when things go wrong

- There were appropriate forms and processes in place for recording and investigating accidents and incidents. There were systems in place to learn when things went wrong.

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 good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff had received appropriate training to ensure they were able to carry out their roles safely and effectively. The registered manager also carried out spot checks on staff to ensure standards of care were maintained.
- New staff received a comprehensive induction which included training, one to one meetings and shadowing experienced staff.
- Staff told us they felt supported in their roles. They had regular supervision and team meetings.
- People and relatives were confident in the abilities of staff. Comments included, "There are no problems with the care staff, they know what they're doing and are really good," "They [staff] are very well trained" and "The carers are very good, very caring and very well trained."

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

- Staff and the registered manager worked with other agencies and professionals to ensure people received effective care.
- Where people required assistance from other professionals this was supported, and staff followed the guidance provided.

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 checked whether the service was working within the principles of the MCA.

- Records showed people's capacity was assessed and where they were able to, people signed to consent to the care they received.
- Staff had received training in the MCA and had a good understanding of the principles of the act.

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

- People's dietary needs and requirements were identified in their care plans and staff had a good understanding of how to support people with these.
- Staff monitored people's food intake where appropriate, and referrals to dieticians or speech and language therapists had been made when further support was needed.

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

- People's care plans described the support required and reflected their personal choices and preferred routines. We saw care plans promoted people making choices.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessment.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People told us staff treated them well and they felt supported. Comments included, "The carers are very good, very caring and very well trained," and "The carers are absolutely amazing." A relative told us, "The care is outstanding, the carers are brilliant."
- Staff had a good understanding of people they supported. Staff knew people's likes and dislikes, and interests and incorporated these into their care.

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

- People and their relatives were involved in care decisions daily and through reviews and surveys about their experiences.
- The views and preferences of people using the service were clearly expressed in their care plans. Care plans supported the involvement of people in decisions.

Respecting and promoting people's privacy, dignity and independence

- People told us they felt staff protected their dignity and privacy. One person said, "They are respectful when they come."
- Staff knew how to support people and care plans were written in a way that promoted people's independence. One relative said "A couple of the carers are golden, wonderful to [the person], they know his routines and we couldn't wish for better."
- People's confidentiality was respected. Records containing personal information were stored securely in the office or in people's homes.

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 good. At this inspection this key question has remained the same. 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

- Most people we spoke with told us they couldn't fault their care and their preferences were met by staff. However, one person told us their bed time call was sometimes 30 minutes earlier than planned, meaning they weren't ready to go to bed at that time. The registered manager was working to address this.
- People using Harmony Care and Support had an individualised plan of their care based on an assessment of their needs. Plans were reviewed regularly. People and their relatives were involved in these plans and in reviewing them.
- People's likes, dislikes and what was important to the person were recorded in person centred care plans.

Improving care quality in response to complaints or concerns

- The service had a complaints policy. This was clearly detailed in the information pack given to people. Some people told us they didn't receive responses to concerns raised. We saw all complaints had been recorded and had been responded to appropriately.
- People and their relatives told us they knew how to make a complaint. People were encouraged to give their feedback regularly through meetings and management reviews. There were also formal feedback surveys completed throughout the year.
- The registered manager used feedback from people to improve the service. Action plans were in place to ensure these improvements were followed through, although these weren't always effectively recorded.

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

- People's needs in relation to support maintaining relationships was considered in care plans. This ensured people at risk of social isolation were appropriately supported.

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.

- People's communication needs were detailed in their care plans.
- The registered manager told us the service would be able to provide information in different formats if needed.

End of life care and support

- The service was not supporting anyone on end of life care at the time of the inspection.
- End of life wishes were considered in care plans. This included information regarding any Do Not Attempt Resuscitation orders (DNAR). However, one person's wishes regarding DNAR were not clear in their plan. The registered manager told us this would be updated immediately

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 good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- People and their relatives were very positive about the care they received from care staff, however we received mixed feedback regarding communication with office staff. A relative commented, "The management is very tacky, with no communication. I don't want to change care company because the carers are so brilliant, I just want them to be better organised."
- People told us they sometimes received incorrect rotas meaning they did not always know who was coming to complete their care call. One person said "Harmony, however, well, the organisation is abysmal, they don't let you know who's coming, and that leaves you feeling very vulnerable." We checked with the registered manager who showed us there was a protocol in place to manage situations when changes to rotas were needed to ensure people's calls were prioritised to maintain safety. The registered manager told us communication issues would be addressed.
- Information in people's care documentation supported ongoing involvement in decision making for people and their families if appropriate.
- Staff told us they enjoyed working at the service. One staff member said "I love my job, and I like working for Harmony, they do things properly, like training."

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

- Systems were in place to gather feedback from people. We saw management had acted on feedback received. However, some people told us they didn't always feel they were kept informed of the outcome of their feedback.
- There were regular staff meetings and staff told us they felt supported in their roles, and management listened to their ideas.

Continuous learning and improving care

- We saw evidence some feedback from relatives and people had been used to improve the quality of care. However, this wasn't always clearly recorded.
- People raised concerns with lack of consistency with care call times. The registered manager was using an electronic call monitoring system, which had highlighted there were issues with call times on occasions. We found appropriate actions had been put in place in these situations. However, it wasn't always clear to see what improvements had been put in place.

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

- The registered manager and staff understood their roles and respected the impact that their roles had for people.
- The registered manager undertook audits in areas such as care plans, medicines and staff files and spot checks were undertaken of staff providing care in people's homes. These checks helped the registered manager to have a clear overview of the service they provided for people.
- The registered manager reported all notifiable incidents to the relevant authorities.

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 service had a duty of candour policy.
- The service investigated all incidents and accidents, and ensured all learning was put into practice. There was a process in place to investigate incidents and involve people and their relatives in feedback.

Working in partnership with others

- The registered manager had worked in partnership with other professionals including local commissioners, GP's, social workers and speech and language therapists. We saw some of this partnership working had led to improvements in the service.