

Harmony Care and Support Limited

Harmony Care and Support

Inspection report

120 Derby Road
Long Eaton
Nottingham
Nottinghamshire
NG10 4LS

Tel: 01159725292

Website: www.harmonycareandsupport.com

Date of inspection visit:

31 January 2017

01 February 2017

Date of publication:

28 February 2017

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We inspected this service on 31 January and 1 February 2017. This was an announced inspection and we telephoned the week prior to our inspection in order to arrange home visits and telephone interviews with people. The service provides care in people's homes to older people and people with debilitating illness and long term conditions such as dementia. The service is available in the Long Eaton and surrounding Derby area. At the time of the inspection 163 people were being supported by the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Our last inspection took place in March 2016 and at that time we asked the provider to make improvements in communication, effective systems to monitor the service and develop improvements. At this inspection we saw the appropriate improvements had been made.

The provider had a range of audits to monitor the service provided and make improvements where needed. For example, new methods were in place to communicate information to staff and maintain their safety.

Staff felt supported and received training for their role. Care plans were completed with the person so their preferences and choices could be included. People received a review of their care and they had the opportunity to comments on the service they received. There was a complaints policy and any complaints were investigated and addressed.

People felt safe and received care that had been risk assessed to ensure measures were taken to reduce any risks. When people received support with their meals they were given choices. When they required assistance with medicines this was risk assessed and the administration was completed safely.

There was sufficient staff and people were informed who would be attending weekly. People made decisions about their care and when they lacked capacity an assessment was completed to support decision in their best interest.

People received care from staff who respected them. When they contacted the office with any changes or additional support this was supported. The manager understood their responsibilities and notified us of any concerns or incidents. The home had displayed their rating conspicuously in the office and on the website.

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.

Staff understood their responsibilities to keep people safe from harm. Risks assessments had been completed and provided guidance to reduce any risk. The recruitment practices in place checked staff's suitability to work with people. There were enough staff to provide the level of support required to maintain a consistent service for people. People received their medicines as prescribed and staff had been trained to know how to manage them safely

Is the service effective?

Good ●

The service was effective

Staff were trained to support people's needs and new staff received an induction to enable them to be confident in their role. When people lacked capacity they were supported by the relevant people to support the decisions they needed to make. People received a choice of meals and were encouraged to maintain their independence. People were supported to maintain their health and wellbeing with ongoing healthcare support.

Is the service caring?

Good ●

The service was caring

People had positive, caring relationships with the staff. The support people received meet their needs and encouraged them to maintain their independence. People's privacy and dignity was respected.

Is the service responsive?

Good ●

The service was responsive

People's preferences had been considered so that they received the care they required and in the way they wished to receive it. The service was flexible to people's changing needs. The provider responded to any complaints in line with their policy.

Is the service well-led?

Good 

The service was well led.

People had an opportunity to comment on the service and any concerns were addressed.

The provider had a range of systems to maintain and make improvements to the quality of the service they delivered. The provider had invested in new systems to support the safety of staff and provide a modern approach to shared information. Staff felt supported and received guidance when they needed it.

Harmony Care and Support

Detailed findings

Background to this inspection

We carried out this inspection visit under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection visit took place on 31 January and 1 February 2017 and was announced. The provider was given seven days' notice because the location provides a domiciliary care service and we wanted to make sure staff were available to speak with us. The inspection was carried out by one inspector and an 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. The expert-by-experience did not attend the office base of the service or visit people at home, but spoke by telephone with people and relatives of people who used the service.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information that we had received from the public. We also spoke with the local authority who provided us with their current monitoring information. We used this information to formulate our inspection plan.

On this occasion, we had not asked the provider to send us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information they felt relevant with us at the inspection visit.

We used a range of different methods to help us understand people's experiences. We visited five people in their homes and made telephone calls to a further seven people and four relatives. We sent out questionnaires to people who used the service and used this information to make a judgement about the service.

We spoke with five staff, the HR manager, the trainer and the registered manager. We looked at care records for six people to see if their records were accurate and up to date. We also looked at records relating to the

management of the service including quality checks

Is the service safe?

Our findings

People felt safe when they received care. One person said, "I am safe I would soon complain if I wasn't happy." A relative said, "[Person who used the service] is very safe with all the care staff who look after her." Staff we spoke with were able to provide us with the details of how they would raise a concern. One staff member said, "You report any concerns and document it." We saw that when concerns had been raised the provider completed an investigation and liaised with the local authority to ensure procedures were followed. Any action taken was cascaded to the staff and practices changed to reflect the learning. For example, an incident had occurred which related to a hospital discharge. The manager had now put in measures to ensure communication has improved.

Some people had alarms which they activated when they required assistance. One person told us, "If I fall I have a wrist pendant, I feel a lot safer knowing I have it." They added, "The staff always makes sure I have it on." Other people had key safes. One person said, "I am glad I have it, the GP has the number if needed." We saw the provider had a system to ensure peoples numbers were kept secure and only issued to those who require them.

We saw that risks to people's safety had been assessed. One person said, "The staff watch and check when I am in the shower, this reassures me." The assessments covered all aspects of the person's care and environment. Where the person required equipment to support their mobility within the home, a separate assessment had been completed which provided guidance on how to support the person's safety. We observed staff using the equipment; they provided verbal support and encouraged the person to hold the equipment at the correct place to support their transfer. One relative told us, "I feel the staff take the time and know what they are doing; I always feel they are in safe hands." We saw and staff told us any changes were followed through on the care plan. Staff also received the information changes when they received their weekly calls.

There were sufficient staff to support people's needs. One person said, "First class I couldn't have any better care." People told us they received notification of the calls for the coming week. Unless to sickness this was followed and people appreciated knowing who was calling and having the same carers. One relative said, "I have a great team, there needs to be a large group as we have four calls a day and they all require two staff." They added, "I always get two staff." One staff member said, "The staffing goes up and down, overall we are ok." The manager told us they had an ongoing recruitment programme and we saw that work was taken in relation to the capacity of the staff.

We saw that when staff started working in the service, recruitment checks were in place to ensure they were suitable to work with people. These included DBS checks and references. One staff member told us, "I had to provide references and all the paperwork before I could start." A DBS check provides a check relating to any previous criminal records.

People were supported to take their medicines and have creams applied. One person said, "Staff support

and remind me with my medicine, I know they have to complete a chart." We saw that when staff supported people it was clearly documented. The manager told us recently they had undertaken a review of their medicine process and developed a medicine risk assessment. We saw that when required these had been completed. Staff had received further training in relation to how to raise a concern if any medicine had been missed or when the charts had not been completed correctly. Staff told us, "It's a new way, but important to get it right." Staff told us the manager carried out spot checks by observing their practice and monitoring the medicines administration records (MAR). We saw these were completed by staff to record when medicine had been given, or if not given the reason why. This demonstrated that the provider took action to make improvements to support the safe administration of medicines.

Is the service effective?

Our findings

Staff were provided with training that was specific to the needs of people they supported. We saw the provider had completed spot checks on the staff to check their competency. One staff member said, "They are really on it, it's good they check." Staff told us any additional training they had requested had been provided or was being looked into. For example, some staff were completing higher vocational qualifications and the trainer told us they were looking into some specific training to support people living with Dementia

The provider had a structured induction for new employees which involved training, shadowing experienced staff and observations by senior staff to check their progress. One staff member said, "My induction was brilliant could not ask for better." The manager said, "All staff complete the care certificate, even if they have care experience or qualifications, as it provides a good base and a reminder." The care certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care.

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.□

We checked whether the provider was working within the principles of the MCA. Staff knew about people's individual capacity to make decisions and understood their responsibilities to support people to make their own decisions. Assessments of capacity had been completed by the local authority prior to starting the service and identified where people may lack capacity. The manager told us, "We are developing our own assessments so we can be clear what level of understanding people have." We saw that all the systems were in place for this to commence.

People's consent was sought before providing personal care. One person said, "They always ask even though they know me well and my routine." One staff member said, "You have to ask and sometimes explain things in a different way." Staff told us if they had concerns about people losing their capacity to make their own decisions, they would report it to the manager. The manager confirmed when this occurred they reported it to the local authority so they could review the person's needs involving people and professionals who knew the person well This showed the staff and manager understood their responsibilities to comply with the Act.

People who received support with mealtime visits told us staff offered them choice and encouraged them to eat and drink enough to maintain good health. One person said, "They usually look in the cupboards and

then bring me a choice." Another person said, "Carers always make sure I have had enough food and drink before leaving." One relative said, "I leave the food in the fridge and the carers prepare and give it to [name]." Staff told us they encouraged people to make a choice. One staff member said, "I ask what people want, then take the meals to show them what choices they have." We saw when people had specific dietary needs this was clearly documented in the care plan.

When people required support with their health needs staff offered support. One person said, "If I am unwell the staff will call the GP." The care records had contact numbers of people that mattered to the person and health care professionals who may need to be contacted at the person request.

Is the service caring?

Our findings

People felt cared for by the staff. One person said, "I couldn't ask for better care from the carers " Another person said, "It's as though I am the only person that the carers look after they never rush me it's like being with friends." A relative said, "If Harmony are sending staff, I know they will be caring and kind."

People felt relaxed with the staff. One person said, "It's nice when they sit and have a natter." Another person told us, "Staff have time to take to me, I like watching the TV and seeing places. . It's interesting and gives me something to talk about." Other people told us how they were encouraged to be independent, one person said, "They ask what I need, I manage as much as I can, but they are here when I need them." Another person said, "They're there and watch I don't fall." A staff member said, "We are here to do what people want us to do." Another staff member said, "It's the satisfaction of doing those little things the person cannot do themselves."

We saw the provider had received a dignity award with the local authority in October 2016. People confirmed that their privacy and dignity was respected. One person said, "I am treated with respect at all times by everyone." One relative said, "They are so thoughtful and always respect [name] dignity and even though they often don't answer they ask and give choices." We saw how staff respected people and their homes. For example, we heard comments 'do you want me to close that window' and 'can I do anything else before I leave' Staff we spoke with told us they felt it was really important. One staff member said, "We must always be aware of others feelings and respect that." This meant people received respectful and dignified care.

Is the service responsive?

Our findings

People told us staff knew about their needs and preferences. One person said "My care plan is reviewed about every 6 months someone from the office comes to the house for a chat." We saw the care plans covered identified needs and people were encouraged to be part of this process. A relative said, "When new people come they always look at the care plan." Staff felt the care plans were clear and easy to use. One staff member said, "The care plan clearly shows the tasks to be done." Another staff member said, "I always check the care plan and read the logs from the last few days so you can see how the person has been."

We saw the senior staff had a formal handover. The notes identified when people were in hospital, any calls which had changed and any actions which need to be completed by the next staff. One staff member said, "It works really well. We always complete it in detail so the staff know what needs doing." This meant changes to people's care were addressed and actioned in a timely way.

Some people told us they received a copy of their care rota each week which detailed the staff who would be providing their care. One person said, "I mostly get the same people, I like the same." Staff we spoke with felt it was important to have regular calls. One staff member said, "You get to know people and then you can tell if they are not well or if something is wrong." We discussed this with the manager, they said, "We aim to give people regular staff unfortunately we cannot always do that and sometimes we move staff around to avoid familiarity."

People were supported when their situation changed. For example, one person was struggling to transfer, we saw the service had made the appropriate referral and followed this up so that different equipment could be provided and new risk assessments could be completed. Following any changes we saw the care plan had been refreshed and a copy placed in the home of the person along with information being provided to the staff to alert them of the changes. Staff told us, "If we have any concerns we raise them and the office action it."

When people had to change their call time this was supported. One person said, "I had to go to the hospital the other week and I had to change my visit time and it was sorted without any problems at all." Other people were supported to attend an activity, One person said, "I go to Bingo, the staff get my coat and shoes ready and provide me with an earlier call." We saw the service had an out of hour's service. People who had used this told us it was answered straight away and their concerns were addressed. Staff also used the out of office number. The staff we spoke with said, the calls were answered quickly and the advice was good or they called them back after checking. For example, a person was not answering their door. Staff contacted out of hours who called the person's family who attended as the person felt unwell. This meant people and staff received the support they needs in an emergency.

People told us they knew how to complain. One person said, "Yes I made a complaint and it was sorted straight away." We saw that all complaints had been investigated and any resolution had been communicated to the people involved. The manager said, "We don't hide from things, we learn from them."

We saw the complaints policy was available in the folder in each home we visited. This showed the provider addressed any concerns.

Is the service well-led?

Our findings

At our last inspection on 7 March 2016 we found that the service was not meeting the legal requirements to provide effective systems to monitor the service and improve quality. At this inspection we found that the required improvements have been made.

The provider introduced systems to assess and monitor the safety and quality of the service people received. For example, we saw when incidents had occurred action was taken to reduce any future risk. Other audits covered travel time, complaints and safeguarding. We saw the medicines audit had been completed and any areas of concern had been addressed. The provider had introduced a system of reporting any medicine errors. When they had been received, action had been taken to address the issue. One staff member told us, "I did not like the new reporting form at first; however thinking about it now it does make it safer." The manager said, "The new system is working, its makes the medicines safer." The provider told us, following the medicines review and audit they realised that it was a large area of work and have recruited a staff member to this role. They said, "This role will complete the risk assessments, follow up on the medicine alert forms and check staff competency."

The manager told us, "Following the last inspection we have looked at how we can address the areas of concern, some of which required a culture shift." We saw how a range of communications methods had been introduced. For example, all staff now had an individual email account. The manager said, "It's a good audit trail and helps to ensure things are not forgotten." Other systems related to the handover by the seniors and communication notes to keep track of what needs doing. The manager said, "This system has made staff more accountable." We saw the provider had introduced return to work interviews after people had been off sick. They told us, "This had been introduced to make sure staff are fit for work and we are not placing people in danger." One staff member said, "They look at what is wrong and what they can do to support you. I did not realise just how much time I had been unwell for and the impact this had." The manager told us, "It has had a positive impact as staff realise we are wanting to support them."

Staff had received support from the manager. One staff member said, "I feel looked after, if I have a problem I can go to the manager and they deal with it." Another staff member said, "We all get on well and we have social events, so it's not all work." Staff told us they received supervision.

One staff member said, "We discuss the work and the call system. They have fitted my programme around my partner which helps me a lot and has recently changed." We spoke with the manager who confirmed they were adjusting the programme to meet the changes. This meant the provider listened to the staff and supported them in their role.

The manager had considered ways to support staff. For example, a 'pool' car was available to staff if their car was in for repair or they needed to use it to provide the service. Other incentives were provided to support recruitment and retention and the provider was looking at other ways to reward staff who had supported the service over many years or through difficult periods.

We saw when changes were planned the manager had held consultation meetings with the staff. For example, the introduction of a works mobile phone. The phone will provide details of the calls the staff need to attend, some basic information including the key safe numbers. The phones are all password protected and have several safety features. For example, the S.O.S button. If this is activated the office are alerted and can track the person from the GPS and provide support. We saw the phone had been piloted and staff using them had been given additional support. The manager said, "These phones will support the staff along with the development of the service and we can review the information as time goes on to consider how we can use them to drive improvements."

People had been asked about the service they received. Some people told us they had received a questionnaire and other people said they had received a phone call to discuss the care. One person said, "I have sent the questionnaire back, I have no concerns and I said that." Another person said, "They rang me the other week, I am very happy." We saw that the questionnaires had been compared against previous years to see if they had made improvements. In the majority of the areas we saw there had been a positive increase. Where concerns had been raised these were addressed and an action plan drawn up. For example, to improve staff arriving at the stated start time the travel between calls were being monitored and we saw how adjustments had been made to reflect when more time was required.

We saw that the previous rating was conspicuously displayed in the reception of the service and available on the services website. The manager understood their responsibility of registration with us and notified us of important events that occurred at the service; this meant we could check appropriate action had been taken.