Harmony Care Homes (2003) Limited

Harmony Care - Staffordshire (DCA)

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

This inspection took place on 24 October 2018 and 1 November 2018. This was the first time the service had been inspected, and the first day of our inspection was announced. We gave the provider two days' notice of our inspection visit. This was to make sure we could meet with the manager of the service and talk with staff on the day of our inspection visit.

Harmony Care is registered to provide personal care and support to people living in their own homes. There were 77 people using the service at the time of our inspection.

A requirement of the provider's registration is that they have a registered manager. A registered manager is a person who had registered with the Care Quality Commission to manager the service. Like registered provider's 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. At the time of our inspection visit there was not a registered manager in post, they had stepped down from their role on the 22 October 2018. An acting manager had been appointed by the provider, who had commenced their employment on 22 October 2018. The newly appointed acting manager was supported by a director of operations during their probation and induction.

The provider had not ensured that effective quality assurance procedures were in place to assess and monitor the quality and safety of the service people received. Following the first day of our inspection visit we asked the provider what actions they planned to take to improve their service. When we visited on the second day of our inspection visit, we saw the provider had taken action to immediately mitigate the risks to people, from receiving unsafe care.

We initially found risk assessments were not always in place to manage the risks associated with people's safety, health and well-being. Medicines were not administered to people safely, as we could not always determine whether people received their prescribed medicine as they should. In addition, staffing levels were not sufficient to ensure people always received their care and support at agreed times.

Following the first day of our inspection visit the provider had taken action to update procedures and care records, to improve risk management and medicine administration procedures, and ensure there were sufficient staff available to meet people's agreed care packages.

Accidents and incidents, and safeguarding concerns had not been consistently recorded, investigated, and analysed to ensure lessons were learnt from such events, and risks to people were mitigated to prevent future occurrences. The provider had not always ensured CQC were notified of incidents as they were required to. By the second day of our inspection visit procedures were in place to ensure future events were recorded, investigated, and notified to CQC.

Staff completed training to meet people's needs, however staff training was not up to date, and we

identified not all of the training was effective. Mental capacity assessments had not always been completed for people who needed them. This meant decisions that were made in people's 'best interests' were not always accurately recorded. The provider had plans in place to review staff training, and all care records for people who used the service.

We received mixed feedback from people about how the service was run. People told us they felt individual staff who supported them were kind.

Prior to using the service people were assessed so that the service could meet their needs and people told us they usually felt involved in decision-making about their care and support. However, information about how people could be supported with their communication needs could have been more detailed.

Staff enjoyed working at Harmony Care, however, they did not always feel supported by the management team. There was an 'out of hours' call system in place to provide support and advice to staff whilst they were working in people's homes.

There were systems in place to gather people's feedback. People knew how to make a complaint if they needed to, however, people's feedback and complaints were not always recorded, and were not always analysed to ensure the provider learned from these.

People told us staff respected their right to privacy and explained to us how staff supported them to remain independent. People who required support with eating and drinking were provided with foods they enjoyed.

We found there were three breaches of the Health and social care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Staffing levels and call monitoring procedures were being improved at the time of our inspection to ensure people received all their scheduled calls, at the right time. Improvements were being made to risk assessments and the management of medicines, so that we could be sure people always received safe care. Safeguarding procedures had not always been followed to ensure people were cared for safely.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People did not always receive care from staff who were effectively trained to meet their needs. The new management team understood the principles of the Mental Capacity Act 2005 and staff respected people's decisions and gained people's consent before providing their care. People who required support with eating and drinking were provided with food they enjoyed.

Is the service caring?

Requires Improvement

The service was not consistently Caring.

Staff did not always receive the support they needed by office staff. People were not always provided with consistent staff and support. Information that suited people's communication needs could have been more detailed to ensure accessible information standards were met. Staff respected people's right to privacy. They recognised the importance of supporting with dignity and respect.

Is the service responsive?

Requires Improvement

The service was not consistently Responsive.

Information contained within people's care records was not always personalised and up to date, to ensure people received care that met their individual needs and preferences. There were

systems in place to manage complaints about the service, however, these were not always followed to ensure complaints were recorded, investigated, and responded to. People were able to decide how they would be supported at the end of their life.

Is the service well-led?

Inadequate

The service was not Well-Led.

Policies and procedures had not always been followed by staff and managers. There had been a lack of recording and analysis, to identify where the service could be improved. The provider had not ensured that effective quality assurance procedures were in place to assess and monitor the quality and safety of the service people received. The provider had not always notified CQC of incidents as they were required to. The provider was making improvements to the service at the time of our inspection.

Harmony Care - Staffordshire (DCA)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 comprehensive inspection was carried out by two inspectors. Inspection activity started on 22 October 2018 and ended on 1 November 2018. Our inspection activity included telephoning people and their relatives to get their views on the care they received. We visited the office location on 24 October 2018, and on 1 November 2018, to meet with the acting manager and the provider's representative, to speak with staff and review records. For the first day of our inspection visit we told the provider we were coming so they could arrange to be there to talk with us about the service.

CQC had not requested the provider complete a Provider Information Collection (PIC) before this inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We gave the provider an opportunity to share any information they had regarding the management of their service with us during our inspection.

Prior to the initial office visit we reviewed the information we held about the service. This included statutory notifications the service had sent us and the 'share your experience' information we had received. A statutory notification is information about important events which the provider is required to send to us by law. 'Share your experience' is information that people who use the service/ relatives/ members of the public or social care professionals want to tell us about. These can be concerns or compliments. Information received was considered as part of our inspection.

The provider sent a list of people who used the service to us; this was so we could contact people by phone

to ask them their views of the service. We spoke with six people, and one relative of a person who used the service. We used this information to help us make a judgement about the service.

We also contacted the local authority who arranged placements with the service to gather their feedback, as they had conducted a recent audit of the service.

During our inspection visit we spoke with the previous registered manager, the acting manager, a nurse and the providers' representative who was also the director of operations, about their management of the service. We also received feedback from two members of care staff and a care co-ordinator during the inspection process about what it was like to work at Harmony Care.

We reviewed six people's care records to see how their care and support was planned and delivered. We checked four people's medicines records and other records related to people's care. We also looked at three staff recruitment files, staff training records and records associated with the provider's quality checking systems.

Requires Improvement

Is the service safe?

Our findings

People told us they did not always feel safe when staff from Harmony Care supported them. For example, one person told us they were worried they, or a member of staff, would be injured in their home due to poor manual handling techniques.

We found on the first day of our inspection visit risks to people's health and well-being were not always assessed and managed, to ensure risks to people were mitigated. For example, we found people had been identified as having health conditions, where no risk assessment or risk management plan was in place. We saw one person had epilepsy. Their care records did not inform staff about which type of epilepsy the person had, whether they had active seizures, and what staff should do to respond if the person had a seizure. No information was available to staff on how the epilepsy was triggered to help them prevent seizures occurring. Another person had diabetes which was tablet controlled, however, no information was provided to staff on how the person should be supported with the condition, and how staff should recognise low blood sugar levels.

We checked whether staff had received any training in these conditions, the operations director confirmed staff did receive training in how to support people with epilepsy or diabetes, if they supported people with these conditions. On the second day of our inspection visit we found the provider had checked staff training to ensure this was the case. They had also brought in quality assurance staff to audit all care records and risk assessments for each person who used the service, so that risks could be re-assessed and mitigated against in the future. They explained the person with epilepsy was not at immediate risk of seizures, and all care records for every person would be updated by the end of November 2018. They explained that where people were assessed as being at risk, the reviews of these people's risk assessment and care records would be prioritised.

On the first day of our inspection visit we found people did not always receive medicines safely. Staff were trained in how to administer medicines to people in their own homes. For each person who received support from staff to take their medicines, a medicine administration record (MAR) was in their home. Staff were trained to fill in the MAR when administering medicines, to show what medicines the person had been given. We found MARs were not consistently filled in to record the medicines people received, and for time sensitive medicines, when these had been administered to people. We checked four people's MARs and found gaps in recording on all four. This meant we could not be sure people received their medicines as prescribed.

In addition, MARs did not show which medicines each person had been prescribed, as these were not listed individually on the MAR. This meant staff did not know the importance of the medicine they gave to people, and under what circumstance each medicine should be given. For example, if people required medicine to be given with water, or before food. This placed people at risk.

On the second day of our inspection visit the operations director explained how they intended to mitigate the risks we had identified, for the administration of medicines. Checks of the medicines people received

were being undertaken, and would be completed by the end of the day on 1 November 2018. This would ensure updated MAR were in place in people's homes by 5 November 2018 showing the medicines they received. All staff administering medicines would have checks conducted on their competency by 5 November 2018. All staff had been informed that any gaps on MAR should be reported to the office immediately, so that this could be investigated straight away. They also intended to review their medicines policies and procedures, to ensure medicines were given as prescribed.

People told us, and records confirmed on the first day of our inspection visit, people did not always receive a scheduled call to support them with their health and care needs, as they had agreed in their care plan. One person told us, "I need two people to help me move around and get out of bed safely, this week (on Sunday morning) only one member of staff came. I was worried they would injure me, or themselves." They added, "This has happened before." One person who contacted us before our inspection told us staff had not turned up to make their evening meal one day. Another person told us about a missed call, which meant the person had not been given their medicine.

The director of operations confirmed since September 2018 they were aware of six missed calls to people who used the service.

We asked the operations director about the staffing levels at Harmony Care. They acknowledged they were currently recruiting for more care staff. This was because office staff, care co-ordinators and the previous registered manager had been regularly working in the community to provide care and support to people, as there were not enough trained and suitable care staff to cover all the scheduled calls. On the second day of our inspection visit we saw the operations director had already brought in additional resources to support the staff group at Harmony Care. This included additional staff to monitor all calls happened when they should, each day. Care staff had also returned from annual leave and sickness, which meant more staff were available to cover scheduled calls.

We found this was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment.

The operations director confirmed there would be no new packages of care accepted until they were fully confident all additional calls could be met, and improvements had been implemented at the service. In addition, their call monitoring system would be enhanced with office staff checking and monitoring when care staff arrived at people's homes each day, to ensure people always received their calls. Staff had been informed they must contact the office if there was any problem in arriving at scheduled calls on time. In addition, quality auditing procedures had been implemented to record any instances where calls did not take place, or were late, to ensure the quality of their service was regularly reviewed and actions taken where improvements were required.

We looked to see whether the provider had informed us of all the safeguarding concerns that had occurred at the service and asked to see the provider's records of any safeguarding concerns or investigations. The provider was unable to share these records with us on the first day of our inspection visit, as a centralised system of such concerns had not been maintained by the previous registered manager. This did not support the provider in monitoring any trends and patterns from this type of information.

We identified that a number of incidents had occurred at the service, which impacted on the safety of people who used the service, such as missed medicines and missed scheduled calls, which placed people at risk. These had not been recorded as safeguarding concerns, and notified to CQC, as required. However, on the second day of our inspection visit we found a new system to record such concerns had been

implemented.

We found this was a breach of Regulations 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safeguarding.

The operations director told us the new acting manager was confident in their knowledge about CQC regulations, and their requirements to notify CQC of such events. Staff had been reminded to report any issues of concern to the new acting manager.

The new acting manager confirmed a log would be developed to record this type of information which would provide an overview of safeguarding concerns to assist with identifying trends and patterns, and monitoring outcomes of investigations. The acting manager knew the procedure for reporting concerns to the local authority and to us (CQC).

The provider had procedures in place to check, prior to employment, whether staff were suitable to work with people. Records confirmed Disclosure and Barring Service (DBS) checks were in place before staff started work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with people who use services.

However, we found the registered manager had not always checked references for staff from their previous employer, or that previous employment references indicated staff were suitable to work in people's homes. We saw one reference for a member of staff indicated that a previous employer of a residential care home would not be willing to re-employ the person. There was no information on file to us to show how this had been checked, or further references had been obtained to ensure the person was suitable before they were employed. This placed people at risk of receiving care from unsuitable staff. We brought this to the attention of the operations director who explained this was contrary to their policies and procedures, and that any future recruitment would be managed by their human resources team at their head office. They added they had confidence in staff who had been centrally trained since their appointment by their designated training team, and that staff's performance and conduct would be checked during spot checks, following our inspection, to ensure they were competent and had the skills they needed. Any issues identified during these checks would result in supervision meetings and additional training. The provider planned to continue to spot check the work of staff, through a regular programme of checks and audits.

Staff understood their responsibilities in relation to infection control and hygiene and had completed training in relation to this. People we spoke with confirmed care staff wore protective clothing when providing personal care and carrying out other tasks. We saw a member of staff come into the office to collect stocks of personal protective clothing (PPE) for use in people's homes, during our inspection visit. The operations director told us staff were able to come into the office at any time to retrieve infection control equipment to assist them in their role. A staff member confirmed, "PPE is always available to have free of charge."

Requires Improvement

Is the service effective?

Our findings

People received support from care staff who had an induction to the service when they started working at Harmony Care. Following their induction, staff completed training in a number of areas, which included how to administer medicines, move people safely, and how to protect people from abuse. The provider offered staff regular refresher training, so that staff had the opportunity to keep their knowledge and skills up to date. However, the provider acknowledged that in the few months prior to our inspection, staff training had not always taken place as planned, due to staff availability.

The provider employed a trainer to support staff with face to face training, practical demonstrations of how to perform certain tasks, and provided staff with an onsite training room with some standard equipment, so that they could practice supporting people to mobilise. The operations director said, "Until recently we have had trouble scheduling this type of 'hands on' training, due to staff commitments, but this type of training will be re-scheduled now." Records confirmed some staff had not received all their practical 'hands on' training from experienced trainers and senior staff, although staff were able to access training packages online where they received information and theory on how to perform certain tasks.

We found staff did not always put their training into practice, and that some re-training of staff was required, for example, for correct moving and handling techniques and in medicines administration. This was because we found there was inconsistent record keeping in place regarding the administration of medicines. In addition, one person had not been supported correctly when moving, according to the provider's own policies and procedures. The operations director told us they would look into refreshing staff training to ensure staff knew how to support people effectively, as part of their improvement plans.

The operations director told us the provider had introduced the 'Care Certificate' to their standard induction procedures across their organisation. The Care Certificate sets the standard for the key skills, knowledge, values and behaviours expected from staff within a care environment. Although this had not been fully implemented as part of the induction process for staff at Harmony Care, new staff members from October 2018 would be provided with support to attain the certificate. The operations director told us, following the inspection, all current staff would also have their skills and knowledge assessed against the Care Certificate with a trained member of staff, to ensure they had the skills they required.

The initial assessment carried out at the start of people's service was used to devise a care plan informing staff how to provide the care people required. The provider had introduced a template to the service prior to our inspection visit, that if used effectively, asked people about their specific health needs, preferences and wishes. We reviewed the care plans for six people who received personal care. All contained an assessment of people's needs and a care plan that included what tasks staff needed to undertake. However, there was a lack of consistency in the information gathered for each person, as the template the provider produced had not always been used. The provider told us at the second day of our inspection visit, the new template would be used for each person who used the service, when reviews of their care took place.

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.

We checked whether the provider was working within the principles of the MCA. We found the operations director and the acting manager understood their responsibilities under the Act. They understood their responsibilities to protect people's rights and what to do when someone may not have the capacity to make their own decisions, so these were made in people's best interests. The provider had policies and procedures in place to gather people's consent to their care and to assess people's capacity to make their decisions, where this might be required. However, we found the provider's policies and procedures had not always been put into practice, and people had not always been asked to sign consent for their care, and that 'best interests' decisions were not always recorded. However, people told us staff explained to them what they were doing in their homes, and during their care, and people could express their wishes to staff. Staff respected people's choices.

Where people required support with their meals, staff supported people to have sufficient to eat and drink. People told us they were always offered a choice from the food available and were left with a drink before staff left to maintain their hydration. Where people had a specific dietary requirement, such as being a vegetarian, this information was recorded in the person's care records.

People who used the service managed their own health care appointments or were supported by family to arrange these. Staff said they would phone a GP or district nurse if they needed or would ask the family to do this. People confirmed staff responded if they were unwell.

Requires Improvement

Is the service caring?

Our findings

We received mixed feedback from staff members about whether the provider was caring and supported their staff in a way they would expect. One member of staff commented, "The office is not always open for support" and "Queries do not always get followed up."

People and relatives were positive about the standard of care they received from individual care staff. Comments from people included, "The care staff are lovely", "Yes, staff are very kind and caring." However, they were concerned that the provider had not been able to provide people with consistent staff, who always arrived when they should. This had impacted in people's confidence in the service they received, which did not support people in a caring way.

We asked staff what 'caring' meant to them. All said it was being treated with dignity and respect and providing care as people preferred. Staff understood they should support people in a way that respected their independence, and only assist them with their consent. One staff member told us, "I really enjoy my job, I love to care for people with respect, dignity and a friendly smile."

Care records detailed what support people needed to help them communicate. For example, whether they had good eyesight, or whether they needed glasses and when these should be worn. Also, information was included on people's hearing and whether they had the cognitive skills to understand questions and respond. This provided guidance to staff about how they should approach people, so they understood what was happening and could engage in conversations. However, communication plans could have been more detailed, to ensure staff understood how disabilities and sight impairments could impact on people who used the service, and how staff could meet accessible information standards.

The Accessible Information Standard (AIS) is a legal requirement for providers to ensure people with a disability or sensory loss can access and understand information they are given. We looked to see how this standard was being met. The operations director told us people who used the service could be offered information in large print and picture format if required, however, no-one currently needed this type of support.

People, and care records confirmed, they were involved in planning their care. None of the people we spoke with had any specific cultural or religious needs that care staff supported.

People told us their privacy and dignity was maintained during personal care routines. Staff understood the importance of maintaining confidentiality and said they would not discuss personal information unless the person was authorised for them to share it with. Information containing personal information was stored securely in the office, so it remained confidential. One member of staff said, "All members of staff I have met also take privacy, dignity and respect very seriously and we all uphold this by never sharing addresses, key safes or other confidential information."

Requires Improvement

Is the service responsive?

Our findings

The initial assessment carried out at the start of people's service was used to devise a care plan informing staff how to provide the care people required. We reviewed the care plans for six people who received personal care. All contained an assessment of people's needs and a care plan that included what tasks staff needed to undertake to support the person at each visit. However, care plans were not always focussed on how staff should support the person to mitigate the risks to their health and wellbeing, and how their preferences around their care needs should be met. For example, where one person had a health condition that affected their cognition and memory, staff were not given information on how they should support the person with this condition.

People told us that staff who visited regularly knew their preferences and how they liked their care provided. Everyone had a copy of the care plan in their home, and a record of the care they received from staff each day. Daily record books were returned to the office for auditing and checking each month. This information also acted as a handover, so other care staff knew what care people had received.

People had different experiences about the consistency of visit times and the continuity of care staff that visited them. However, people told us where they received care from a consistent staff team that visited them regularly, they were happy with the support they received.

No-one told us staff did not stay for the allotted time of their call when they had arrived. For example, staff stayed for the full half an hour or 15 minutes, as they should. However, one staff member told us, "Sometimes calls can be difficult to squeeze everything that is needed, particularly the 15 minute calls." They added, "Whenever we feel that there isn't enough time for the service user's needs to be properly met we report this to the office, who will arrange a care review."

We looked at how complaints were managed by the provider. People knew how to make a complaint and had complaints information in their home that explained the complaints procedure if they needed it. Some people had raised concerns with the management team about their service, such as timings of scheduled calls or missed calls. These concerns had not been consistently recorded, and monitored, to ensure people had their complaint investigated and looked into. The provider was therefore unable to analyse how they could improve their service following people's feedback. The operations director told us, "In the future any feedback we receive will be recorded and analysed."

Where it was included in people's care packages, staff assisted people to access interests and hobbies, or go out in their local community. For example, we saw one person really enjoyed being outside in their garden, and staff supported them to be outside whenever the weather permitted.

For those people who wished to engage with staff regarding end of life care planning, this facility was offered to people who used the service and their relatives. This process included an assessment of whether people wanted any medical interventions at certain points in their care, and whether they had any cultural or spiritual wishes.

Inadequate

Is the service well-led?

Our findings

This was the first time the service had been inspected. We found there was not a registered manager in post who understood their responsibilities and the requirements of their registration. The provider had appointed an acting manager at the service two days prior to the first day of our inspection visit, which was when the previous registered manager stepped down from their role. 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.

People told us the service was not always Well Led. One person told us, "The managers just don't seem to train staff on what they need to do, for example how I want to be supported." They added, "The staff are great, they do their best. It's the management of this service that's lacking." Another person told us, "I would like managers to tell me who is coming to my home, I would like to see a rota, but this never happens. Communication with the office needs to be improved."

The providers systems had failed to ensure there were always sufficient qualified and skilled staff available to meet people's needs. Due to a lack of care staff, there had been a lack of leadership support available to staff, as the previous registered manager had been unable to devote all their time to their management role, as they had been regularly delivering care to people. For example, one staff member said managers were not always available, due to a lack of staffing. This left them feeling unsupported.

Records and risk assessments were not always up to date, to ensure people received consistent care that met their needs. The providers systems and quality assurance procedures had failed to ensure that people received safe and effective care, and identified risks were mitigated against. We identified people did not always receive their care and support according to their agreed care plans, and in accordance with the provider's own policies and procedures.

The provider had a system to record and monitor any accidents and incidents that occurred at the service. However, when we reviewed the information we found the system had not been utilised by staff and the previous registered manager, as there was a lack of accurate record keeping regarding incidents that had occurred. This meant the provider had been unable to analyse this type of information for any trends or patterns of incidents and to see if there was any learning from events and to minimise the risks of re-occurrence.

We found systems to monitor the quality and safety of care people received were not always effective. The provider's own quality assurance systems had failed to identify areas of safeguarding concern. We found the provider therefore did not ensure that CQC were notified of events that occurred at the service, such as safeguarding concerns, as they were required to.

In addition, the providers auditing systems had failed to ensure that the registered manager was following the principles of the Mental Capacity Act 2005 (MCA) to obtain people's consent to some aspects of their

care, or to conduct mental capacity assessments were people did not have the capacity to consent to some aspects of their care.

We found this was a breach of Regulation 17 of the health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance.

The provider told us that there had been recent changes to the senior management team at the organisation which had affected their responsiveness in making improvements at Harmony Care. The managing director had recently left the organisation. The operations director had then been appointed to liaise directly with board members. This meant actions to improve Harmony Care had now begun, but they recognised there were still significant improvements that needed to be made.

The operations director had been appointed to oversee the induction and training of the newly appointed acting manager, until their probationary period and registration with CQC was complete. This meant the new acting manager would have weekly visits from the provider's representative for the foreseeable future. The operations director told us the acting manager would also be supported by other registered managers and the senior leadership team during regular monthly manager's meetings.

The provider had brought in additional resources from their other branches, to make improvements at Harmony Care, by the second day of our inspection visit. These resources included staff to conduct quality assurance checks, and additional staff to schedule and plan people's calls and staff rotas, to ensure no future calls were missed. This had also impacted on how many care staff were available to support people, as office staff had more flexibility to assist with care calls.

Improvements to the way care was delivered had already begun. With additional staff the operations director and acting manager had begun a full audit of all care records, medicines records, and risk assessments. They had also begun an audit and review of how calls were scheduled, so that additional travel time was allocated to staff where it was required. Office staff checked each day whether care staff were arriving at their calls on time, and that no calls were being missed.

The provider had a policy in place for staff to call into the office when they arrived at a person's home, and they did not answer their door. This meant risks that a person may miss a call were mitigated against.

The provider planned to improve auditing procedures, so that auditing procedures were embedded into how the service was monitored, to ensure quality was maintained. These improvements included checking care records through scheduled audits, the increased competency checking of staff, using head office staff to conduct regular monthly audits and checks, and the monitoring of trends and patterns of incidents to ensure risk assessment and lessons learnt were part of improvement plans. In addition, learning from the provider's other branches would be used to ensure care records were in a standard format, to improve the quality of information recorded.

The provider had drawn up an action of plan following the first day of our inspection visit, which included some further actions to be taken. An action plan was in place to review all care records, and ensure risk assessments and care plans were fully up to date by the end of November 2018.

Staff had planned individual meetings with their manager around four times per year, to check on their performance and to look at their learning and development needs. However, staff told us, and the provider confirmed, no group staff meetings had taken place for several months. These had not been scheduled. The provider explained in the past staff were communicated with individually regarding any changes within the

organisation. They explained, they intended to begin holding staff meetings to build team working relationships over the coming months. They added in future the office would be open, and staff could come into the office when they wished. An 'on-call' telephone number was also available for staff to call if they needed support outside of office hours.

The operations director told us they had recently contacted a number of staff who had left the service, to gather their feedback about why they had left Harmony Care. This was so they could analyse the reasons and look at how staff retention and support could be improved.

People were asked for their opinion of the service during reviews of their care. However, the results of such feedback had not yet been reviewed. In addition, people, stakeholders and staff were due to be sent an annual survey by the provider to find out their views, however, this had not yet taken place. The operations director said, "We are planning to do this in November 2018. We will then consider doing 3-6 monthly updates so that we can regularly see how the service has improved."

Other planned improvements included the enhancement of electronic call monitoring systems, by the introduction of additional technology. The provider was working with the local authority team to assure any updates met their agreed contracts/packages of care. This would mean the provider would be alerted to any missed or late calls automatically as they occurred. They hoped these measures would improve the consistency of call times and highlight any areas that required additional support.

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 12 HSCA RA Regulations 2014 Safe care and treatment (a)(b)(g) Care and treatment was not always provided in a safe way for service users, as risks to health and safety were not always assessed and mitigated against. Medicines were not always managed safely.

Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment (a)(b)(c)Systems and processes were not always established and operated effectively to ensure the quality of the service was assessed, monitored and improved. Risks were not always mitigated. Records were not always maintained accurately.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance (1)(2a)(2b)(2c)Systems and procedures were not always established and operated effectively to asses, monitor and improve the quality of services, risks were not always assessed and mitigated, and records were not always accurate, complete and contemporaneous.