

Inspection Report

14 February 2022



Harmony Community Care Services

Type of service: Domiciliary Care Agency
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Harmony Community Care Services Ltd	Registered Manager: Mrs Andrea Doughty
Responsible Individual: Mrs Dorothea Margaret Kidd	Date registered: 6 May 2021
Person in charge at the time of inspection: Mrs Andrea Doughty	
Brief description of the accommodation/how the service operates: Harmony Community Care Services is a domiciliary care agency which provides personal care, meal provision and sitting services to people living in their own homes. Service users have a range of needs including dementia, mental health, learning disability and physical disability. The South Eastern Health and Social Care Trust (SEHSCT) commission these services.	

2.0 Inspection summary

An unannounced inspection was undertaken on 14 February 2022 between 10.15 a.m. and 12.25 p.m. by the care inspector.

The inspection focused on staff recruitment and the agency's governance and management arrangements as well as registrations with the Northern Ireland Social Care Council (NISCC), adult safeguarding, notifications, complaints, Deprivation of Liberty Safeguards (DoLS), restrictive practice, monthly quality monitoring and Covid-19 guidance.

Good practice was identified in relation to recruitment and appropriate checks being undertaken before staff were supplied to service users' homes. There were good governance and management oversight systems in place. Good practice was also found in relation to system in place of disseminating Covid-19 related information to staff.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

The inspection focused on:

- Contacting the service users, their relatives, HSCT representatives and staff to obtain their views of the service.
- Reviewing a range of relevant documents, policies and procedures relating to the agency's governance and management arrangements.

Information was provided to service users, relatives, staff and other stakeholders to request feedback on the quality of service provided. This included questionnaires for service users/relatives and an electronic survey was provided to enable staff to feedback to the RQIA.

4.0 What people told us about the service

We spoke with five service users and five relatives. In addition, feedback was received from one service user and one relative through the questionnaires and both were either 'very satisfied' or 'satisfied' that the care being delivered was safe, compassionate and effective and the service was well led. Four staff responded to the electronic survey and all were 'very satisfied' with all aspects of care being delivered. Feedback was also received from three HSCT representatives.

Comments received during inspection process-

Service users' comments:

- "I am delighted with the care provided."
- "On the very odd occasion my carers are late but they ring me and let me know."
- "No matter which carers call out, they are all great and have a lot of respect for me and my home. They are a great team and I am very happy."
- "My carers are a great bunch of people."
- "The care could not be better. First class."
- "They wear their PPE and their masks."
- "All I can say is I have never met friendlier people in all my life. They are very good to me."

Service users' representatives' comments:

- "The carers are absolutely respectful and promote independence and dignity."
- "I have never had any problems with the agency whatsoever and know that my relative is very happy with the care and services."
- "Very happy with the service, delighted. They are so good."

- “We have the folder with all what we need. Recently it has been the same carer and we have been able to build up a relationship. We know the timing. With Covid things had been up the left, it is more settled now. Very good in what they do.”

Staff comments:

- “I’ve worked for Harmony for over seven years and it’s the best job satisfaction I’ve ever had.”
- “I am a new member of staff and feel the service operates to a high standard. All staff including the office team are welcoming and passionate about high quality care.”
- “Harmony is a great company to work for and the management always put their staff and service users first.”
- “All amazing.”

HSCT representatives’ comments:

- “I find Harmony Community Care very communicative in relation to providing updates regarding my service users. They respond very promptly to any concerns which allows me to follow up in a timely manner. My service users have told me that good quality care has been provided.”
- “Under the leadership of the manager, the quality of their communication is always timely, informative and accurate. This has allowed me to take preventative actions and manage service users’ needs in a proactive manner.”
- “With Covid-19, many of our reviews have been conducted by telephone but the quality of information provided by the manager and her team is always excellent. They are well prepared and knowledgeable of the service users’ needs.”
- “The office staff are very good with communication and go inform care management promptly of any concerns/incident with their particular service users and they do endeavour to sort any problems reported to them. I have always found the manager and deputy manager to be helpful and as flexible as the service permits.”

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Due to the coronavirus (COVID-19) pandemic, the Department of Health (DoH) directed RQIA to continue to respond to ongoing areas of risk identified in services.

The last care inspection of the agency was undertaken on 20 February 2020 by a care inspector and no areas for improvement identified. An inspection was not undertaken in the 2020-2021 inspection year, due to the impact of the first surge of Covid-19.

5.2 Inspection findings

5.2.1 Are there systems in place for identifying and addressing risks?

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's policy and procedures reflect information contained within the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC).

Discussions with the manager demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns.

It was noted that staff are required to complete classroom based adult safeguarding training during their induction programme and annual updates thereafter.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents of abuse. They could describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The agency has a system for retaining a record of referrals made to the SEHSCT in relation to adult safeguarding. Records viewed and discussions with the manager indicated that three adult safeguarding referrals had been made since the last inspection. It was noted that all the safeguarding referrals had been managed in accordance with the agency's policy and procedures.

Service users who spoke to us stated that they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns in relation to safety or the care being provided. The agency has provided service users with information in relation to keeping themselves safe and the details of the process for reporting any concerns.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that incidents had been managed in accordance with the agency's policy and procedures.

The manager stated that there were no service users who were subject to DoLS. Advice was given in relation to considering DoLS at each service users care review and in relation to new service users; however it was positive to note that all staff had completed DoLS training. Staff spoken with demonstrated that they have an understanding that people who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control practices.

5.2.2 Are their robust systems in place for staff recruitment?

The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, before staff members' commenced employment and had direct engagement with service users. Records viewed evidenced that criminal record checks (AccessNI) had been completed for staff.

A review of the records confirmed that all staff provided are appropriately registered with NISCC. Information regarding registration details and renewal dates are monitored weekly by the Responsible Individual; this system was reviewed and found to be in compliance with Regulations and Standards. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

5.2.3 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

Discussions with the manager, staff and the review of service user care records reflected the multi-disciplinary team input and the collaborative working undertaken to ensure service users' health and social care needs were met within the domiciliary care agency. There was evidence that staff had completed training in relation to dysphagia and had made referrals to the multi-disciplinary team; these interventions were noted to be proactive, timely and appropriate. Staff were also implementing the specific recommendations of SALT to ensure the care received in the service user's home was safe and effective.

5.2.4 Are there robust governance processes in place?

There were monitoring arrangements in place in compliance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. Reports relating to the agency's monthly monitoring were reviewed. The process included engagement with service users, service user's relatives, staff and SEHSCT representatives. The reports included details of the review of service user care records, missed or late calls, accident/incidents, safeguarding matters, complaints, staff recruitment, training, and staffing arrangements. We noted some of the comments received:

Service users' comments:

- "Very happy with my main carers."
- "I know how to make contact with the office if I have any concerns."

Service users' representatives' comments:

- "The staff were professional and excellent at their jobs and made being able to have my relative at home a real pleasure, I can't thank everyone enough."

Staffs' comments:

- "All going well."

- “I likes the clients on my sits would like to be able to do more sits.”
- “I get support at Harmony, more than anywhere else I have worked which makes me feel appreciated.”

H SCT representatives’ comments:

- “I am very happy to report that Harmony Community Care have continued to supply an excellent service to all my service users complemented with excellent communication.”

There is a process for recording complaints in accordance with the agency’s policy and procedures. It was noted that three complaints had been received since the last inspection. It was noted that complaints had been managed in accordance with the agency’s policy and procedures and to the satisfaction of the complainant.

It was established during discussions with the manager that the agency had not been involved in any Serious Adverse Incidents (SAIs) Significant Event Analyses (SEAs) or Early Alerts (EAs).

6.0 Conclusion

Based on the inspection findings and discussions held RQIA are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the manager/management team.

7.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
Total number of Areas for Improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Andrea Doughty, registered manager, as part of the inspection process and can be found in the main body of the report.



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