

Unannounced Care Inspection Report 28 July 2020



Harmoni

Type of Service: Domiciliary Care Agency
Address: 39 Downshire Road, Bangor, BT20 3RD
Tel No: 02891465211
Inspectors: Kieran Murray
Michele Kelly

www.rqia.org.uk

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

Harmoni is a domiciliary care agency supported living type, which provides services up to 34 service users living in their own homes within the South Eastern Health and Social Care Trust (SEHSCT) area, who require care and support with mental health and learning disabilities. The services users are supported by 60 staff which includes the manager, care manager, team leader and administration staff.

3.0 Service details

Organisation/Registered Provider:

Harmoni

Responsible Individual(s):

Mr Samuel Andrew Humphries

Registered Manager:

Ms Margaret Millar – application received 13 April 2018 – “registration pending”

Person in charge at the time of inspection: Ms Margaret Millar (Acting Manager)	Date manager registered: Ms Margaret Millar - application received - "registration pending".
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4.0 Inspection summary

An unannounced inspection took place on 28 July 2020 from 09.40 to 16.30.

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.

RQIA have reviewed correspondence received from the:

- agency

Since the last inspection on: 4 December 2019. Correspondence has included:

- monthly monitoring reports
- notifications
- other

Following review of this information, the inspector identified that the information received show challenges within the service. The correspondence shared with RQIA indicated there may have been an impact within the service at this time.

In response to this information RQIA decided to undertake an inspection of the service. To reduce any risk this inspection was carried out using an:

- on-site inspection approach

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, 2007 and The Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Areas requiring improvement were identified in relation to completion of the annual quality report and updating of policies and procedures, both restated for the second time and the updating of the Infection Prevention and Control (IPC) policy specifically to reflect Covid-19 guidance.

Evidence of good practice was found in relation to:

- staff recruitment
- staff induction
- care records
- care reviews

- covid-19 education and management, including infection, prevention and control (IPC) measures
- use of personal protection equipment (PPE)
- service user involvement
- collaborative working
- registrations with Northern Ireland Social Care Council (NISCC)

Service user comments:

- “(Agency) They are good at wearing PPE.”
- “I can make decisions about myself.”
- “The staff treat me with respect.”
- “I don’t like the mask and apron.”
- “The staff are good.”
- “I want to get up home for my cousins birthday.”

Relative’s comments:

- “I did a lot of researching of services before placing XXX in Harmonl.”
- “I am happy with the consistent staff looking after XXX.”
- “We wrote to each other instead of visiting during Covid-19.”
- “I saw all the signs about social distancing.”
- “Staff had explained to my XXX about why they have to wear masks even though XXX doesn’t like the mask.”
- “The staff and management are friendly and approachable should I have any concerns regarding my xxxx care.”
- “As a relative I feel quite confident and reassured that my relative is being treated with dignity and being given a good quality of life.”

Staff comments:

- “We had training re use of masks, aprons and gloves.”
- “I got an induction.”
- “We double bag disposals.”
- “Staff support meetings are successful to air our views.”
- “I would report any concerns.”
- “We are looking after the needs of service users.”
- “Service users come first.”
- “We have plenty of PPE.”
- “The support here is great.”
- “Good handwashing helps.”
- “I can safely say that this organisation is run very professionally, competently and diligently.”
- “Overall I have nothing negative to say about my experience at Harmonl, and I hope to continue to work there for many years to come.”

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.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	3

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Ms Margaret Millar, Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 4 December 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 4 December 2019.

5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During our inspection we focused on contacting the service users, their relatives and staff to find out their views on the service.

We ensured that the appropriate staff checks were in place before staff visited service users and reviewed the following.

- Recruitment records specifically relating to Access NI and NISCC registration.
- Covid-19: guidance for domiciliary care providers in Northern Ireland Updated 12 May 2020.

During the inspection the inspector met with the responsible individual, manager, team leader, two service users, two staff and a telephone conversation following the inspection with two service user's relatives.

A range of documents, policies and procedures relating to the service were reviewed during the inspection and are referred to within the body of the report.

At the request of the inspector, the manager was asked to display a poster prominently within the agency's registered premises. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; no responses were received for inclusion in the report.

Ten questionnaires were also provided for distribution to the service users and their representatives; four responses were returned; analysis and comments are included within the report.

The inspector requested that the person in charge place a “Tell us” card in a prominent position in the agency to allow service users, family members and friends who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. One email response was returned; analysis and comments are included within the report.

RQIA information leaflets ‘How can I raise a concern about an independent health and social care service’ were also provided to be displayed appropriately in the setting.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met and not met.

The inspector would like to thank the responsible individual, manager, service users, service user’s relatives, staff for their support and co-operation throughout the inspection process.

The findings of the inspection were provided to the manager at the conclusion of the inspection

6.0 The inspection

Areas for improvement from the last care/finance inspection dated 4 December 2019		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (d) Stated: First time	The registered person shall ensure that no domiciliary care worker is supplied by the agency unless- (d) full and satisfactory information is available in relation to him and in respect of each of the matters specified in Schedule 3. This relates specifically to explanation to gaps in employments. Ref: 6.2	Met
	Action taken as confirmed during the inspection: Inspectors reviewed three recent recruitment files and confirmed that all gaps in employment were explored at interview and explanations given for same.	
Area for improvement 2 Ref: Regulation 13 (e) Stated: First time	The registered person shall ensure that all staff have applied (within timescales) and/or registered with NISCC. Ref: 6.5	Met

	<p>Action taken as confirmed during the inspection:</p> <p>Inspectors reviewed records relating to NISCC registrations and confirmed all staff were currently registered.</p>	
<p>Area for improvement 3</p> <p>Ref: Regulation 16 (5) (a)</p> <p>Stated: First time</p>	<p>Where an agency is acting otherwise than as an employment agency, the registered person shall ensure that-</p> <p>(a) a new domiciliary care worker (“the new worker”) is provided with appropriately structured induction training lasting a minimum of three full working days;</p> <p>Ref: 6.2</p> <p>Action taken as confirmed during the inspection:</p> <p>Inspectors reviewed induction records for three new staff and confirmed all three had received a structured induction lasting a minimum of three days.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 23.(1)</p> <p>Stated: First time</p>	<p>The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.</p> <p>Ref: 6.5</p> <p>Action taken as confirmed during the inspection:</p> <p>Inspectors reviewed records relating to Regulation 23 and found them to be up to date and satisfactory.</p>	<p>Met</p>

Action required to ensure compliance with the Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
Area for improvement 1 Ref: Standard 8.12 Stated: First time	The registered person shall ensure that the quality of services provided is evaluated on at least an annual basis and follow-up action taken. Key stakeholders are involved in this process Ref: 6.5	Not met
	Action taken as confirmed during the inspection: An annual quality report for the agency was not completed on the day of the inspection.	
Area for improvement 2 Ref: Standard 9.5 Stated: First time	The registered person shall ensure that policies and procedures are subject to a systematic 3 yearly review, and the registered person ratifies any revision to or the introduction of new policies and procedures. Ref: 6.5	Not met
	Action taken as confirmed during the inspection: Policies and procedures had not been updated since the last inspection.	
Area for improvement 3 Ref: Standard 13.3 Stated: First time	The registered person shall ensure that staff have recorded formal supervision meetings in accordance with the procedures. Ref: 6.2	Met
	Action taken as confirmed during the inspection: The inspectors reviewed supervision records and evidenced that supervision meetings were planned and completed within the agency's policy and procedure.	

6.1 Inspection findings

The agency's staff recruitment processes were noted to be managed in conjunction with the organisation's Human Resources (HR) Department, located at the organisation's head office. Discussion with the manager identified that they were knowledgeable in relation to safe recruitment practices in accordance with Regulation 13, Schedule 3 and Standard 11 relating to AccessNI. The inspectors reviewed three recruitment files in relation to pre-employment

checks which provided assurances that AccessNI checks were completed before commencement of employment.

The agency's induction programme outlines the induction programme which included the NISCC Induction Standards, lasting at least three days which is in accordance with the timescales detailed within the Regulations. The inspectors reviewed six records relating to staff inductions which included three staff from an employment agency which is also a domiciliary care agency and found them to be satisfactory.

The inspectors reviewed six NISCC records which included staff from the employment agency which confirmed that staff were currently registered with NISCC. The inspectors noted that the manager had a system in place each month for monitoring registration status of staff with NISCC and confirmed that all staff are aware that they are not permitted to work if their NISCC registration had lapsed.

Records of training and staff feedback indicated that staff attend a range of training necessary to meet the needs of service users. The inspectors reviewed the staff training matrix which indicated compliance with regulations and standards.

The manager advised the inspectors that the agency uses a small pool of staff from an employment agency which is also a domiciliary care agency to meet the needs of service users. Staff rotas and feedback from staff and service users indicated that sufficient numbers of staff are available to meet the needs of service users at all times.

Examination of records indicated that a system to ensure that staff supervision and appraisals are planned and completed in accordance with policy and procedure.

The agency's provision for the welfare, care and protection of service users was examined by the inspector. The inspectors viewed the procedures maintained by the agency in relation to the safeguarding of adults (2016) which were the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. The inspectors received feedback from the staff, and reviewed documentation which indicated that safeguarding training provided by the agency includes the information relating to the regional guidance.

The staff who spoke to the inspector were aware that the agency had an Adult Safeguarding Champion (ASC) and their role.

The inspector noted that staff were confident regarding their roles and responsibilities in relation to safeguarding issues and clear about lines of accountability. On the day of the inspection the inspector noted that the agency had made a number of safeguarding referrals to the SEHSCT since the last inspection 4 December 2019 and that the referrals had been managed appropriately. On the day of the inspection the Annual Position Report was not available for review by the inspector. However, within an agreed timescale the manager forwarded the report to RQIA. The inspector reviewed the report and found it be satisfactory.

Agency staff provided feedback which indicated that they had an understanding of the management of risk, and an ability to balance risk with the wishes and human rights of individual service users.

The inspectors spoke to two staff members, who were knowledgeable in relation to their responsibility in reporting concerns. The staff members spoken to were confident that management would take them seriously and act upon their concerns.

On the day of the inspection it was noted that there were a number of restrictive practices in place; those implemented were of the least restrictive nature considered necessary in conjunction with the service user, representatives and the SEHSCT and were noted to have been reviewed at least every year.

It was positive to note that the manager had communicated with the SEHCT professionals highlighting areas relating to Deprivation of Liberty safeguarding (DoL's) practices within the agency.

The review of the care records identified that they were comprehensive, person-centred and maintained in an organised manner. The care records evidenced referral information, risk assessments, care plans, and annual care reviews with the service user, representatives and relevant Trust representative.

Monthly quality monitoring visits were completed in accordance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. An action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that identified areas had been actioned.

The inspectors noted the following comments from service users, relatives and agency staff on the monthly quality monitoring reports:

Service users

- 'Got a little bored with the lockdown, but kept herself busy doing colouring in, word searches and crosswords.'

Relatives

- 'Enjoyed seeing XXX in the garden.'

Staff

- 'Care and support is very good and the tenants have lots of opportunities and can make decisions.'

The inspector reviewed the Statement of Purpose (2020) and Service User Guide (2020) and noted that both documents needed to be updated to include information on DoL's, Covid-19 and Close Circuit Television (CCTV) cameras. The manager forwarded both documents within an agreed timescale. The inspector reviewed both documents and found them to be satisfactory.

On the day of the inspection the annual quality reports was not available for review by the inspectors. An area for improvement has been restated for the second time in relation standards.

The inspectors reviewed the agency's policies and procedures and found that they had not been updated since the last inspection 4 December 2019. An area for improvement has been stated for the second time in relation to standards.

The returned questionnaire did not indicate that the service users/relatives had concerns that care was not safe, effective, compassionate or that the service was not being well led.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, NISCC registrations, adult safeguarding, risk management, collaborative working and service user involvement.

Areas for improvement

Two areas for improvement have been identified in relation to completion of the annual quality report and updating of policies and procedures for the second time.*

	Regulations	Standards
Total number of areas for improvement	0	2*

Covid-19

The inspectors spoke to two staff members, who were knowledgeable in relation to their responsibility in relation to covid-19. Staff spoken to on the day of the inspection were aware of the guidance in relation to use of PPE for activities that brought them within two metres of service users. Staff were also aware of the need to replace PPE between service users and how to appropriately dispose of used PPE.

The inspectors reviewed records relating to Infection prevention and control policies, training and use of PPE. However, the agency's policy in respect of infection prevention and control had not been updated to include recent guidance. An area for improvement has been made in relation to standards.

Staff who spoke to the inspectors described how and where donning and doffing of PPE happened within the agency.

The inspectors reviewed records that indicated that service users and staff had their temperatures monitored twice daily in accordance with the guidance. Monitoring records also involved asking about and looking out for the following symptoms, fever of 37.8C or above, cough, loss of or change in sense of smell or taste.

Service users and staff spoken to on the day of the inspection were aware that If someone is in isolation with suspected COVID-19, they must not visit shared spaces such as sitting areas /common rooms.

The inspector evidenced daily cleaning schedules within the agency. The inspector noted easy read two metre guides for service users throughout the agency.

Hand sanitisers were placed in different areas throughout the agency for service users and staff to use to ensure good hand hygiene.

The manager advised the inspectors that monitoring of staff practices took place when observing staff during shifts.

The manager advised the inspectors that information was disseminated to staff via weekly memorandums and guidance circulated by the Public Health Agency (PHA) and RQIA.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff awareness of good hand washing techniques, use of PPE, donning and doffing of PPE, recording of temperatures, staff awareness of signs and symptoms of Covid-19, isolation of service users with suspected Covid-19, adherence to two metre social distancing guidance, deep cleaning arrangements, disposal of PPE,

Areas for improvement

An area for improvement has been identified in relation to the Infection Prevention and Control policy which was not updated to include procedures in respect of Covid-19.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Margaret Millar, Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with and the Domiciliary Care Agencies Minimum Standards, 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011	
Area for improvement 1 Ref: Standard 8.12 Stated: Second time To be completed by: Immediate and ongoing	<p>The registered person shall ensure that the quality of services provided is evaluated on at least an annual basis and follow-up action taken. Key stakeholders are involved in this process.</p> <p>Ref: 6.1</p>
	<p>Response by registered person detailing the actions taken: This report is currently in the process of being collated - all follow up action identified from the last Tenant and Stakeholder survey has been responded to appropriately and where necessary remedial action taken</p>
Area for improvement 2 Ref: Standard 9.5 Stated: Second time To be completed by: Immediate and ongoing	<p>The registered person shall ensure that policies and procedures are subject to a systematic three yearly review, and the registered person ratifies any revision to or the introduction of new policies and procedures.</p> <p>Ref: 6.1</p>
	<p>Response by registered person detailing the actions taken: The formation of a policy review team has been instigated and this is currently addressing the issue of policies and procedures which are outstanding.</p>
Area for improvement 3 Ref: Standard 9.5 Stated: First time To be completed by: Immediate and ongoing	<p>The registered person shall ensure that policies and procedures are subject to a systematic three yearly review, and the registered person ratifies any revision to or the introduction of new policies and procedures.</p> <p>This relates specifically to updating the Infection Prevention and Control policy to include procedures in respect of Covid-19.</p> <p>Ref: 6.1</p>
	<p>Response by registered person detailing the actions taken: The Infection Control Policy to include procedures in relation to Covid-19 is currently under review and will be updated by end September 2020</p>

Please ensure this document is completed in full and returned via Web Portal



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