

# Inspection Report

<b>Name of Service:</b>	<b>Harmoni</b>
<b>Provider:</b>	<b>Harmoni 2019</b>
<b>Date of Inspection:</b>	<b>11 November 2024</b>

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	Harmoni 2019
<b>Responsible Person:</b>	Mr. Samuel Andrew Humphries
<b>Registered Manager:</b>	Mrs. Emma Hanna
<b>Service Profile –</b>  Harmoni is a domiciliary care agency, supported living type, which provides services for up to 35 service users living in their own homes in the Bangor area. Service users have a range of care and support needs. They live in purpose-built accommodation comprising of 33 apartments and bungalows situated around the agency's registered office. The service users are supported by 50 staff.	

## 2.0 Inspection summary

An unannounced inspection took place on 11 November 2024, between 9.45 a.m. and 3 p.m. The inspection was carried out by a care inspector.

The inspection was undertaken to evidence how the service is performing in relation to the regulations and standards; and to determine if the service is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to service users and that the agency was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and independence of service users and that staff were knowledgeable and well trained to deliver safe and effective care.

No areas for improvement were identified.

The inspector would like to thank the manager, service users and staff for their help and support in the completion of the inspection.

## **3.0 The inspection**

### **3.1 How we Inspect**

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

To prepare for this inspection we reviewed information held by RQIA about this agency. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning Trust.

Throughout the inspection process, inspectors will seek the views of those living, working and visiting the agency; and review/examine a sample of records to evidence how the agency is performing in relation to the regulations and standards.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services.

### **3.2 What people told us about the service and their quality of life**

Throughout the inspection the RQIA inspector will seek to speak with service users, their relatives or visitors and staff for their opinions on the quality of the care and support, their experiences of living, visiting or working in this agency.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

We spoke to a range of service users and staff to seek their views of living within and working within the agency.

Service users told us they loved living in Harmoni. Comments included "staff are kind and caring", "staff are always there when you need them" and "the staff are very good to me".

Staff described the care and support as very person centred. They stated they felt supported in their role.

One questionnaire was received from a service user. This raised several issues that were discussed with the manager for taking forward within the agency.

A number of staff responded to the electronic survey. The respondents indicated that they were 'very satisfied' or 'satisfied' that care provided was safe, effective and compassionate and that the service was well led.

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

The last care inspection of the agency was undertaken on 21 September 2023 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 21 September 2023		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Regulation 13 (d)  <b>Stated:</b> First time	The registered person or registered manager shall ensure that a declaration of physical and mental fitness is completed, prior to new staff being supplied into service users' homes.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of recruitment records evidenced that this area for improvement had been addressed.	

### 3.4 Inspection findings

#### 3.4.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of service users. There was evidence of robust systems in place to manage staffing.

A review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users.

Newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. There was a robust, structured induction programme which also included shadowing of a more experienced staff member. It was positive to note that the shadow shifts for new staff were clearly outlined on the staff rota.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC) or any other relevant regulatory body; there was a system in place for professional registrations to be monitored by the manager.

Staff were provided with training appropriate to the requirements of their role. They spoke highly of the quality of the training provided.

A review of the records relating to staff that were provided from recruitment agencies also identified that they had been recruited, inducted and trained in line with the regulations.

Staff advised us that monthly staff meetings take place and they are encouraged to raise any issues they may have.

### **3.4.2 Care Delivery**

Staff interactions with service users were observed to be friendly and supportive and the atmosphere was relaxed and friendly. Staff were knowledgeable of individual service user's needs, their daily routine, wishes and preferences.

Service users were supported to take part in the day to day activities within the agency e.g. contributing to the monthly newsletter. Other activities available included arts and crafts, afternoon tea and barbecues.

All staff had been provided with training in relation to medicines management. It was positive to note that an annual Medication Competency assessment was in place for staff. This allowed to their skills and knowledge in this area to be regularly measured.

### **3.4.3 Management of Care Records**

Care plans were in place to direct staff on how to meet service users' needs and included any advice or recommendations made by other healthcare professionals.

Service users were involved in planning their own care. One service user told us they type up their own care plan.

There was evidence of regular contact with service users' Health and Social Care Trust representatives.

The agency's annual Adult Safeguarding Position report was reviewed and found to be satisfactory. There was a process in place whereby the manager inputted key information on a monthly basis. The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

A review of care records identified that moving and handling risk assessments within care plans were up to date.

Care records also contained details of assessments completed and agreed outcomes developed in conjunction with the HSC Trust representative in relation to service users who were experiencing a deprivation of liberty.

#### **3.4.4 Quality of Management Systems**

Mrs. Emma Hanna has been the registered manager since 6 October 2024. Staff commented positively about the manager and described them as having an open door policy.

RQIA had been notified appropriately of any incidents that had been occurred within the agency. There was evidence of robust follow up of incidents.

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The agency's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the agency's quality monitoring process.

#### **4.0 Quality Improvement Plan/Areas for Improvement**

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



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Authority

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