

Inspection Report

21 September 2023



Harmoni

Type of service: Domiciliary Care Agency
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Harmoni 2019	Registered Manager: Mrs. Amanda Barr
Responsible Individual: Mr. Samuel Andrew Humphries	Date registered: 10 October 2022
Person in charge at the time of inspection: Mrs. Amanda Barr	
Brief description of the accommodation/how the service operates: Harmoni is a domiciliary care agency supported living type, which provides services for up to 35 service users living in their own homes within the South Eastern Health and Social Care Trust (SEHSCT) area. The service users are living with a range of disabilities and supported by 59 staff.	

2.0 Inspection summary

An unannounced inspection took place on 21 September 2023 between 9.45 a.m. and 3.45 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), service user involvement, restrictive practices and Dysphagia management were also reviewed.

Good practice was identified in relation to service user involvement. There were good governance and management arrangements in place.

Further areas of good practice were noted in staff induction processes and quality monitoring arrangements.

One area for improvement was identified that related to the staff recruitment process.

Harmoni uses the term 'tenants' to describe the people to whom they provide care and support. For the purposes of the inspection report, the term 'service user' is used, in keeping with the relevant regulations.

The inspector would like to thank the manager, service users, staff and HSC Trust representative for their help and support throughout the inspection process.

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.

In preparation for this inspection, a range of information about the service was reviewed. This included any registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the individual choices and freedoms associated with any person living in their own home.

Having reviewed the model "We Matter" Adult Learning Disability Model for NI 2020, the Vision states, 'We want individuals with a learning disability to be respected and empowered to lead a full and healthy life in their community'.

RQIA shares this vision and want to review the support individuals are offered to make choices and decisions in their life that enable them to develop and to live a safe, active and valued life. RQIA will review how service users who have a learning disability are respected and empowered to lead a full and healthy life in the community and are supported to make choices and decisions that enables them to develop and live safe, active and valued lives.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included easy read questionnaires and an electronic survey.

4.0 What did people tell us about the service?

During the inspection we spoke with three service users and two staff members.

The information provided indicated that there were no concerns in relation to the agency.

Comments received included:

Service users' comments:

- "I like living here. The manager is great. The staff support me well."
- "The staff are great. They help me with my tablets."

- “I love living here. The last place I lived wasn’t so good. The staff are brilliant. I’m planning more trips.”

Staff comments:

- “The care is safe and of a great standard. I feel valued and well supported. The service users are given choices. The standard of cleanliness is good. I know what to do if I had a concern about safeguarding. If I raised any concerns, I know they would be dealt with straight away”
- “It’s a great place to work. It’s the best job I’ve ever had. We are a team and all very involved in decisions. My training is up to date. NISSC Standards are talked about at each staff meeting.”

HSC Trust representative’s comment’s:

- “This service is very solution focused and a very effective provider. There have been many recent improvements.”

During the inspection we provided a number of easy read questionnaires for those supported to comment on the following areas of service quality and their lived experiences:



- Do you feel your care is safe?
- Is the care and support you get effective?
- Do you feel staff treat you with compassion?
- How do you feel your care is managed?

Returned questionnaires show that those supported thought care and support was either excellent or good. We have noted some of the comments received:

- “Everybody is very helpful and they know what to do.”
- “I like living here. I like the staff. My family come to visit me.”
- “I’m happy to live in my house here. Staff help me use my Ipad to keep in touch with my brother.”

There were no responses to the electronic survey.

5.0 The inspection

5.1 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 31 May 2022 by a care inspector. No areas for improvement were identified.

5.2 Inspection findings

5.2.1 What are the 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 adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The agency's annual Adult Safeguarding Position report was reviewed and found to be satisfactory.

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

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours and out of hours. They could also 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 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.

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided. The agency had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

RQIA had been notified appropriately of any incidents that had been reported to the Police Service of Northern Ireland (PSNI) in keeping with the regulations. Incidents had been managed appropriately.

Staff were provided with training appropriate to the requirements of their role. Where service users required the use of specialised equipment to assist them with moving, this was included within the agency's mandatory training programme. A review of care records identified that moving and handling risk assessments and care plans were up to date.

Care reviews had been undertaken in keeping with the agency's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements.

All staff had been provided with training in relation to medicines management. The manager advised that no service users required their medicine to be administered with a syringe. The manager was aware that should this be required, a competency assessment would be undertaken before staff undertook this task.

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had had their capacity considered and, where appropriate, assessed. Where a service user was experiencing a deprivation of liberty, the care records contained details of assessments completed and agreed outcomes developed in conjunction with the HSC Trust representative.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records, it was good to note that service users had an input into devising their own plan of care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review and service users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

Arrangements were in place for regular one to one meetings with service users to enable them to discuss the provision of their care.

It was good to note the service users were involved in planning various activities. These included:

- Art Club
- Quizzes
- Walking Group
- Chess
- Quoits

5.2.3 What are the systems in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

A number of service users were assessed by SALT with recommendations provided and some required their food and fluids to be of a specific consistency. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

A review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the agency. These were recorded within care plans along with associated SALT dietary requirements.

5.2.4 What systems are in place for staff recruitment and are they robust?

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.

A review of recruitment records confirmed that there was no declaration of staff physical and mental fitness in place. An area for improvement has been identified in this regard.

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 spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

There were no volunteers working in the agency.

5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

There was evidence that all 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, three-day induction programme which also included shadowing of a more experienced staff member. Written records were retained by the agency of the person's capability and competency in relation to their job role.

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.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

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.

RQIA note several comments for HSC Trust representatives included within the reports:

- "There is good communication with staff and management and any issues are easily resolved."

- “The care is of a high standard and very person centred. Any problems/concerns are dealt with quickly.”

The Annual Quality Report was reviewed and was satisfactory.

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. It was positive to note that a number of compliments had been received since the last inspection.

Where staff are unable to gain access to a service users home, there was a procedure in place that clearly directed staff from the agency as to what actions they should take to manage and report such situations in a timely manner.

6.0 Quality Improvement Plan (QIP)/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

	Regulations	Standards
Total number of Areas for Improvement	1	0

The area for improvement and details of the QIP were discussed with Mrs. Amanda Barr Registered Manager and Mr. Samuel Humphries, Responsible Individual as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
Area for improvement 1 Ref: Regulation 13 (d) Stated: First time To be completed by: Immediate and ongoing from date of inspection	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. Ref: 5.2.4
	Response by registered person detailing the actions taken: A declaration of physical and mental fitness has always formed part of our pre-employment checks of all staff. The area of improvement identified was to add a signature line at the foot of the declaration form confirming the Registered Manager has sight of any issues raised. This was immediately added to the documentation on the day after the inspection. Following a successful interview, the following process takes place in relation to fitness for the role: <ul style="list-style-type: none"> • A conditional offer of employment is issued. • One of the pre-employment checks is the completion of a medical questionnaire to declare physical and mental fitness for the role and an agreement to attend a pre-employment medical if necessary. This will now contain the Registered Managers signature. • Should no matters be raised, and if all other pre-employment checks are satisfied, then employment is confirmed and induction planned. • Should any matters arise within this step, consent is given to attend a pre-employment medical assessment with an independent occupational health organisation. • Should this be the case, the Registered Manger is included in a panel to review the recruitment decision.

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