Unannounced Care Inspection Report
4 December 2019

Harmoni

Type of Service: Domiciliary Care Agency
Address: 39 Downshire Road, Bangor, BT20 3RD
Tel No: 028 9146 5211
Inspector: Kieran Murray and Fionnuala Breslin

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 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 33 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 service users are supported by 55 staff.

3.0 Service details

Organisation/Registered Provider: NI Institute for the Disabled	**Registered Manager:** Ms Margaret Millar

Responsible Individual(s): Mr Samuel Andrew Humphries	Ms Millar's - application received 13 April 2018 Registration pending
Person in charge at the time of inspection: Ms Margaret Millar	**Date manager registered:** See above

4.0 Inspection summary

An unannounced inspection took place on 4 December 2019 from 09.30 to 18.00.

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

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 be seeking 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 choices and freedoms associated with any person living in their own home.

The inspection assessed progress to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to care reviews, staff supervision and appraisals and collaborative working.

It was evident in all four domains that the agency promoted the service users' human rights; this was evident particularly in relation to the areas of restrictive practices, consent, autonomy, equality, decision making, privacy, dignity, confidentiality and service user involvement.

Areas requiring improvement were identified in relation to recruitment, induction, checking staff registration with the Northern Ireland Social Care Council (NISCC), monthly monitoring reports, supervision of staff, completion of an annual quality report and up to date policies and procedures.

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	4	3

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.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- previous inspection reports
- records of notifiable incidents
- all correspondence with RQIA since the previous inspection

During the inspection the inspector met with the manager, responsible person, two service users and two staff.

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 person in charge 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.

The inspector requested that the person in charge place a "Have we missed" you card in a prominent position in the agency to allow service users and family members who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No feedback was received.

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

There were areas marked as 'undecided' on questionnaires returned by service users/relatives. As there was no contact details recorded for the service user/relatives, the inspector spoke to the manager on the 19 December 2019 and discussed the comments received. The inspector has been assured by the manager that service users would be given the opportunity to discuss any concerns or worries in the forum of tenant meetings and that the agency would be writing to relatives over the Christmas period and at this time relatives will be given an opportunity to discuss any concerns or worries and a record retained which can be reviewed at the next inspection.

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.

The inspector would like to thank the registered manager, head of operations, service users, service user's relatives and staff for their support and co-operation throughout the inspection process.

6.0 The inspection

6.1 Inspection findings

6.2 Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

The agency's staff recruitment processes were noted to be managed in conjunction with the organisation's human resources department, located at the agency site. The inspectors reviewed three recruitment records and found that gaps in employment were not explored in one recruitment record. The inspectors discussed the need for the recruitment process to be robust. An area for improvement has been made in relation to regulations.

The agency's induction programme states that it should last at least three days in line with legislation. The inspectors reviewed four induction records and found that two did not contain evidence that an induction programme had been provided. The inspectors also reviewed inductions provided to staff from an employment agency which is also a domiciliary care agency and found that there was no evidence of an induction for two staff. An area for improvement has been made in relation to regulations.

The inspectors noted that the induction programme included training on attitudes, values and human rights.

Processes were in place to assure the identity of staff and to ensure that they were appropriately registered. The manager provided the inspectors with a detailed list of domiciliary care agency staff, their photographic evidence, and evidence of their of their NISCC registrations.

Staffing levels were consistently maintained and there were no concerns raised with the inspectors by staff, service users in relation to the service users' needs not being met in a timely manner.

The inspector reviewed the training plans which indicated that staff had appropriate training to fulfil the duties of their role. There was evidence that staff have attended additional training such as Health and Safety Risk Assessment training.

Deprivation of Liberty Safeguarding (DoLs) legislation had recently been implemented. The inspectors noted that completed and planned dates for DoLs e-learning module were recorded in the training records to ensure that staff were familiar with the new legislation. A discussion took place with the manager in relation to the need to implement DoLs in conjunction with the SEHSCT for all service users requiring this new legislation.

On the day of the inspection it was noted that one restrictive practice was in place and the restrictive practice implemented was of the least restrictive nature considered necessary in conjunction with the service user, relative, SEHSCT and the agency staff and these practices were reviewed regularly and evaluated.

Staff comments:

- "I have done DoLs training."
- "You get a six weekly rota."

The inspectors examined four records relating to staff supervision and appraisals. Three supervision records were not completed in accordance with policy and procedure. An area for improvement has been stated in regard to standards.

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) this was 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 inspector noted that records relating to safeguarding training completed by staff were up to date. The staff who spoke to the inspector were aware that the agency had an Adult Safeguarding Champion (ASC) and their role. 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 there had been no safeguarding referrals to the SEHSCT since the last inspection on 3 October 2018. It was positive to note that the agency had commenced an adult safeguarding position report.

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.

Service user comments:

- (Agency) "Very happy."

Care records and information related to service users were stored securely and accessible by staff when needed. Staff spoken with described the importance of storing confidential information in accordance with General Data Protection Regulations (GDPR) data protection guidelines.

Of seven responses returned by service users/relatives, five indicated that they were 'very satisfied' that care was safe and two indicated that they were 'satisfied' care was safe.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to appraisals, training, adult safeguarding referrals and risk management.

Areas for improvement

Areas for improvement were identified in relation to not exploring gaps in employment records during the recruitment process, induction processes and supervisions of staff.

	Regulations	Standards
Total number of areas for improvement	2	1

6.3 Is care effective?

The right care, at the right time in the right place with the best outcome.

The full nature and range of service provision is detailed in the Statement of Purpose (2019) and Service User Guide (2019).

The review of three 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, monthly reviews with agency staff and yearly care reviews with the relevant SEHSCT representative, service users and relatives as appropriate.

Feedback received by the inspectors from service users' and staff indicated that service users have a genuine influence on the content of their care plans.

Service user comments:

- "I have been here 6 months."

Staff comments:

- "Service user's human rights are protected."

The agency maintains daily contact records for each service user which were completed in line with policy and procedures.

No concerns were raised during the inspection with regards to communication between service users and staff. Review of service user care records evidenced that collaborative working arrangements were in place with service users, relatives and other key stakeholders.

Review of team meeting records indicated that meetings took place on a monthly basis; the staff informed the inspectors that they could contribute items to the agenda for these meetings. The inspectors noted topics discussed included GDPR, safeguarding, training, rotas and daily living plans. Staff indicated that the staff team are supportive to each other and that communication is good.

The inspectors reviewed tenant meeting records which indicated that they took place on a monthly basis and that tenants views were being heard and addressed.

The agency had robust quality monitoring systems in place to audit and review the effectiveness and quality of care delivered to the service users. Quality monitoring reports indicated consultation with a range of service users, relatives, staff and SEHSCT representatives.
Of seven questionnaires returned by service users/relatives, two indicated that they were 'very satisfied' care was effective, four indicated that they were 'satisfied' care was effective and one indicated that they were 'undecided' that care was effective.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to reviews, communication between service users and agency staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care compassionate?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The inspector sought to assess the agency's ability to treat service users with dignity, respect, equality and compassion and to effectively engage service users in decisions relating to their care and support.

The inspector discussed arrangements in place relating to the equality of opportunity for service users and the need for staff to be aware of equality legislation whilst also recognising and responding to the diverse needs of service users in a safe and effective manner. It was identified that staff had completed training on customer care, diversity and equal opportunities.

Discussions with the service users, manager and staff provided evidence that the agency supports service users' equal opportunities, regardless of their abilities, their background, choices or their lifestyle.

Service users who wished to speak to the inspector were provided with privacy as appropriate.

Service users invited the inspectors to visit them in their homes pointing out furniture, fittings and decor chosen by them. Service users provided the inspectors with recipes they had made and others that they planned to make with the support of staff.

The inspectors noted other service users returning from community based services and activities.

It was evident that the agency staff and SEHSCT keyworkers promote independence, equality and diversity of service users. Service users are encouraged and facilitated to participate in activities in the local and wider community as well as in the agency, with appropriate staff support.

The inspectors observed staff using appropriate language and behaving in a manner which encouraged service users to make their own choices, whilst balancing their health and wellbeing needs.

Service user comments:

- "I am going to the café tonight."

Service users consulted with during the inspection gave examples readily of the different ways the staff treated them with respect and dignity, whilst promoting their independence. Staff interactions observed by the inspector were noted to be very warm and caring.

Of seven questionnaires returned by service users/relatives, five indicated that they were 'very satisfied' that care was compassionate and two indicated that they were 'satisfied' that care was compassionate.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The inspector reviewed the management and governance systems in place to meet the needs of the service users. The agency is managed on a day to day basis by the manager with the support of senior support workers and a team of support assistants. Due to the areas for improvement noted during this inspection, the systems for management and governance within the agency should be reviewed. Since the previous inspection RQIA a temporary manager remains in place. RQIA will keep this under review.

The staff members spoken with confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

The manager confirmed that information regarding registration with NISCC and renewal dates for registration was maintained by the agency. A review of records confirmed that one new staff member was not currently registered as required. The manager forwarded confirmation to RQIA following the inspection to give assurance that this staff member was currently registered with NISCC. However, the NISCC registration should have been checked at interview. An area for improvement has been made in relation to regulations.

There had been one complaint received since the last inspection 3 October 2018. The inspector noted that the complaint was dealt with appropriately in accordance with policy and procedure and the complainant was fully satisfied with the outcome.

Monthly quality monitoring visits were completed. 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. However, it was noted that the process had not identified the areas for improvement noted during this inspection. The registered person should review the completion of the monthly monitoring visits to ensure that the process is robust and effective at driving quality improvement. An area for improvement has been made in relation to regulations and this was discussed with the manager following the inspection.

Service user comment:

- "XXXX XXXX would be who I would go to."

Staff comment:

- (Agency) "Enough staff."

The inspectors were advised that systems were in place to monitor and report on the quality of care and support provided. For example, the following audits were completed in accordance with the agency's policies and procedures:

- care and support records
- service user finances
- accidents and incidents
- complaints
- NISCC registrations
- training and supervision

Areas for improvement were noted in relation to NISCC registrations and supervision, therefore the audit process should be reviewed to ensure that it is effective.

The inspector reviewed the agency's annual service user questionnaire and found it be positive and negative with an action plan. The annual quality report was not completed on the day of the inspection. An area for improvement has been made in relation to standards.

The inspectors reviewed a number of the agency's policies and procedures and found that they were not reviewed at least every three years in line with standards. Policies and procedures should be reviewed regularly to ensure that staff are working consistently and in line with best practice. An area for improvement has been made in relation to standards.

Records of service user meetings and reports of quality monitoring visits indicated the agency's commitment to regularly engaging with service users, and where appropriate relevant stakeholders.

On the date of inspection the certificate of registration was on display and reflective of the service provided.

The inspectors discussed the recent changes the Northern Ireland Ambulance Service (NIAS) had made in relation to how they plan to respond where service users have fallen, but are uninjured. The inspectors discussed the agency arrangements for managing this and the manager was advised to identify any potential challenges and to liaise with the relevant trusts, as appropriate.

Of seven questionnaires returned by service users/relatives, three indicated that they were 'very satisfied' that the service was well led, three indicated that they were 'satisfied' that the service was well led and one indicated that they were 'undecided' that the service was well led.

Areas of good practice

There was evidence of maintaining good working relationships with stakeholders.
It was evident in all four domains that the agency promoted the service users' human rights; this was evident particularly in relation to the areas of consent, autonomy, equality, decision making, privacy, dignity, confidentiality and service user involvement.

Areas for improvement

Areas for improvement were identified in relation to NISCC registrations, the quality monitoring process, review of policies and procedures and the completion of an annual quality report.

	Regulations	Standards
Total number of areas for improvement	2	2

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, Acting 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 the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and The Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017 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 Regulations (Northern Ireland) 2007 and The Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017	
Area for improvement 1 **Ref**: Regulation 13 (d) **Stated**: First time **To be completed by**: Immediate and ongoing	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
	Response by registered person detailing the actions taken: Recruitment process has been reviewed and updated. Prior to interview the Lead Interviewer will review the application form completed by the applicant and will note any "gaps" or discrepencies regarding employment dates. These will be discussed at interview. Prior to a post being offered this information will be monitored by the Human Resources Manager. No job offer will be made if full employment dates information is obtained and a satisfactory explainantion for any gaps and/or discrepencies is not obtained.
Area for improvement 2 **Ref:** Regulation 13 (e) **Stated**: First time **To be completed by**: Immediate and ongoing	The registered person shall ensure that all staff have applied (within timescales) and/or registered with NISCC. Ref: 6.5
	Response by registered person detailing the actions taken: As part of the recruitment process, prospective employees are advised that NISCC registration is a Mandatory Requirement for the role of Support Care Worker. The Human Resources Manager contacts new employees advising of the on-line registration process for NISCC. The Induction Programme has been reviewed and updated to ensure that new employees are on their first day of employment asked to bring in their NISCC Certificate or will register online on their first day. The weekly induction meeting agenda for staff in their induction period

	has been reviewed and updated to ensure that the progress through the NISCC registration process is progressing satisfactorily and if there are any queries requiring attention that the new staff member is supported in responding to these queries. During the inspection the inspectors explained that whilst new employees who are not already NISCC registered must complete their registration at the latest six months after their employment in post which requires NISCC registration. The Registered Manager had not been aware that if a new staff member to this organisation has previously been employed in a post which required NISCC registration that and did not have this registration, that the six month deadline is taken from the first day of employment in social care, even if this is not with this organisation. Now that this is understood, the recruitment process has been updated and reviewed and prospective employees will be required to satisfy the interview panel of their registration or progress through this if they have been previously employed in a post which requires the staff member to be NISCC registered. The updated induction process will ensure that those not previously registered complete the NISCC application process in a timely manner. Individuals who should be registered due to being employed in a NISCC regulated post will be advised of the timeline they have to complete this process which will not be later than six months from entering a post which requires NISCC registration.
Area for improvement 3 **Ref:** Regulation 16 (5) (a) **Stated**: First time **To be completed by**: Immediate and ongoing	Where an agency is acting otherwise than as an employment agency, the registered person shall ensure that- (a) a new domiciliary care worker ("the new worker") is provided with appropriately structured induction training lasting a minimum of three full working days; Ref: 6.2
	Response by registered person detailing the actions taken: All new staff have a three day period of shadowing experienced staff working with our tenants. This is evidenced on the staff working rota. This is repeated for each unit that any new area that both new and long standing staff may work in. There is an induction programme which details exactly what the member of staff should expect to receive induction training on for that unit. On this occasion two new members of staff had in their possession their induction programme to sign, these should have been in their folder for the inspectors to review on the date of inspection. Team Leaders have been reminded of the importance of keeping the induction programme in the new staff member's file, available for

	inspection at any time. Team Leaders will during their regular meetings with new staff ensure that all signatures/dates to confirm that each aspect of the induction process has been completed. The two agency staff referred to have provided their services to the organisation for approximately two years - one of whom was a previous employee. More recent agency staff have and induction programme which has been followed by all new agency staff. This organisation block books agency staff to ensure that there is continuity and good knowledge of the needs of our tenants. Agency staff are also invited to join our staff when training events take place. The induction process for new agency staff has been reviewed and updated to ensure that new agency staff have the opportunity of regular (weekly for first four week, therafter monthly for the next five months as per process for new permanent staff) meetings with Team Leaders to ensure that all aspects of the role they are carrying out have been addressed.
Area for improvement 4 **Ref:** Regulation 23.(1) **Stated**: First time	The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided. Ref: 6.5
To be completed by: Immediate and ongoing	**Response by registered person detailing the actions taken:** The recruitment process has been reviewed and upated to ensure that employment gaps and NISCC registration information has been obtained at the interview stage of this process. The induction programme for new permanent employees and agency staff has been reviewed and updated to reflect the need for continuous monitoring and review of NISCC registration by new employees. The induction programme details will remain in the personal file for the staff member and be available for inspection at any time. Team Leaders will be reminded of the importance of retaining this document in the staff members file and not allowing this document to be removed for any reason. Team Leaders will be reminded of the importance of adhering to our Staff Support and Appraisal Meeting policy and schedule on at least a three monthly basis. An annual report will be prepared incorpating the numeric data collected, explaining what has been completed, still requires action and patterns in relation to issues/concerns will be noted and action taken detailed within this report. The above issues will be incorporated into this annual report.

	The Monthly Quality Monitoring Report and outcomes/actions will be monitored to ensure that the findings of the Monthly Report accurately reflect the quality of the service being provided. The Monthly Quality Report will be correlated with the existing internal reports to ensure that we continue to offer a robust and effective system of ensuring that we continue to deliver a high standard of care and support to our tenents.
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011	
Area for improvement 1 **Ref**: Standard 8.12 **Stated**: First time **To be completed by**: Immediate and ongoing	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 **Response by registered person detailing the actions taken:** Tenants, Relatives and/or Appointed persons in addition to the SEHCT are invited to provide feedback in relation to the quality of services they receive. There are regular social care reviews where SEHCT Keyworkers are in attendance and relatives/appointees are invited to attend. In addition, stakeholders maintain regular contact with HarmonI staff and issues raised are addressed appropriately in a timely manner. Annual annoymous surveys are sent to tenants/relatives/appointees/SEHCT representatives/staff to obtain views on the quality of the service we provide. Staff are also included in this process and additionally at 1:1 Staff Support Meetings/Staff Meetings and internal Tenant Review Meetings are asked if they have any concerns/issues in relation to the quality of the service we are providing. There is numeric data collected in relation to incidents/safeguarding/complaints and compliments. This data is reviewed on at least a monthly basis through our monthly reporting process. Going forward the quality of services which the organisation provides will be reviewed on a more formal basis, including staff feedback and a written narrative report prepared on an annual basis.
Area for improvement 2 **Ref**: Standard 9.5 **Stated**: First time **To be completed by**: Immediate and ongoing	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

	Response by registered person detailing the actions taken: A schedule is in place to ensure that policies are subject to a systematic three yearly review.
Area for improvement 3 **Ref**: Standard 13.3 **Stated**: First time **To be completed by**: Immediate and ongoing	The registered person shall ensure that staff have recorded formal supervision meetings in accordance with the procedures. Ref: 6.2
	Response by registered person detailing the actions taken: Staff should received a 1:1 Staff Support Meeting on at least a three monthly basis - four per year. Further training will take place with supervisory staff to ensure that they adhere to and understand the importance of following our policy and procedure in relation to the provision of three monthly 1:1 Staff Support Meetings taking place.

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

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