

Inspection Report

Name of Service: Harmony Community Care Services

Provider: Harmony CCS Ltd

Date of Inspection: 2 June 2025

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

1.0 Service information

Organisation/Registered Provider:	Harmony CCS Ltd
Responsible Individual/Responsible Person:	Mr David Warnock
Registered Manager:	Mrs Andrea Doughty
Service Profile –	
<p>Harmony Community Care Services is a domiciliary care agency located in Derrriaghy, that provides personal care, meal provision and sitting services to people living in their own homes. Service users have a range of needs including frailty relating to old age and enduring mental health problems. South Eastern Health and Social Care Trust (SEHSCT) and Belfast Health and Social Care Trust (BHSCT) commission these services.</p>	

2.0 Inspection summary

An unannounced inspection took place on 2 June 2025 from 10.05 a.m. and 2.45 p.m. It was carried out by two care inspectors.

The last care inspection of the agency was undertaken on 19 September 2023 by a care Inspector. No areas for improvement were identified. This inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards; and to determine if the agency is delivering safe, effective and compassionate care and if the service is well led.

The inspection found 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.

Service users indicated that they were happy with the care and support provided by the agency.

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

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 the agency 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 registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning Trust.

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

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

Throughout the inspection the RQIA inspector will seek the views of service users, their relatives and staff for their opinions on the quality of the care and support and their experiences of working in this agency.

No questionnaires were returned.

Staff were very satisfied that the care provided was safe, compassionate, effective and well led. They highlighted how service user needs are always put first and the high level of support offered to them.

The information provided indicated that they had no concerns in relation to the service.

3.3 Inspection findings

3.3.1 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.

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.

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.

Discussion took place with the manager regarding the need for staffs' induction records to include the dates of new staffs shadow shifts. This will be reviewed at the next inspection. One staff member commented that their induction was 'a very thorough process with lots involved to make sure you're well equipped and competent'.

Written records were retained by the agency of the person's capability and competency in relation to their job role and training and professional activities undertaken. Staff commended the high quality of their training; they noted that training was always supported and that they were encouraged to consider undertaking further qualifications.

Staff were keen to tell us how about the good team working in place within the agency and how supportive staff were to one and another.

3.3.2 Care delivery and Care Records

Service users' needs were assessed when they were first referred to the agency and before care delivery commenced. Following this initial assessment care plans were developed to direct staff on how to meet service users' needs and included any advice or recommendations made by other healthcare professionals.

Service users care records were held confidentially.

Staff told that the service users were well cared for and treated with dignity and respect. Several told us how much interacting with service users and their families and building a good relationship with them was an important aspect of the care delivery.

Where a service user required the use of a specialised piece of equipment for transfers, a review of care records identified that moving and handling risk assessments and care plans were up to date direction on the use of each was included in the care plan.

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.

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.

It was noted that there were some delays in relation to care reviews had been undertaken in keeping with the agency's policies and procedures. The manger agreed to follow this up and this will be examined at the next inspection.

There was evidence of regular contact with service users and their representatives, in line with the commissioning Trust's requirements.

3.3.3 Quality of Management Systems

There has been no change in the management of the agency since the last inspection. Mrs, Andrea Doughty has been the manager in this agency since 6 May 2021. Numerous staff told us how well supported they felt by the management team and that the manager was always available to support them

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.

We noted a sample of service user feedback from the most recent monthly monitoring report

- 'I'm happy with the service but I would like an earlier morning call'.
- 'I have no concerns regarding my care package or the carers. I contact the office if I want to raise any concerns'.
- 'I have great carers – they are all very good and cheerful'.

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.

The Annual Quality Report was reviewed and was satisfactory.

RQIA had been notified appropriately of any incidents in keeping with the regulations. Incidents had been managed appropriately. 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 there was a Complaints Log in place that recorded details of any complaints received, investigations undertaken, outcomes and learning and satisfaction of the complainants. Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the agency's quality monitoring process.

Several updates were required to the agency's Complaints Policy and Procedure. These were completed on the day of inspection. Senior staff within the agency had completed training in Complaints Management.

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 the manager as part of the inspection process and can be found in the main body of the report.



The Regulation and Quality Improvement Authority

James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA



Tel: 028 9536 1111



Email: info@rqia.org.uk



Web: www.rqia.org.uk



Twitter: @RQIANews