

Review of compliance

Harmony Home Aid Services Limited
Harmony Home Aid Services Limited - Unit A2
Broomsleigh Business Park

Region:	London
Location address:	Unit A2 Broomsleigh Business Park Worsley Bridge Road London SE26 5BN
Type of service:	Care home service without nursing Domiciliary care service
Date of Publication:	August 2011
Overview of the service:	Harmony Home Aid Services Limited is a domiciliary care agency based in Sydenham. The agency offers care services through Lewisham and Greenwich Social Services Departments and to private individuals in South East London and Kent.

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Harmony Home Aid Services Limited - Unit A2 Broomsleigh Business Park was meeting all the essential standards of quality and safety.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review because concerns were identified in relation to:

- Outcome 01 - Respecting and involving people who use services
- Outcome 04 - Care and welfare of people who use services
- Outcome 06 - Cooperating with other providers
- Outcome 07 - Safeguarding people who use services from abuse
- Outcome 12 - Requirements relating to workers
- Outcome 13 - Staffing
- Outcome 14 - Supporting staff
- Outcome 16 - Assessing and monitoring the quality of service provision
- Outcome 17 - Complaints

How we carried out this review

We reviewed all the information we hold about this provider, checked the provider's records and reviewed information from people who use the service.

What people told us

Due to the nature of domiciliary care services where people who receive a service live in their own homes across a number of London boroughs it was not possible on this occasion to speak directly with people who use the service. However Harmony Home Aid Services Ltd had just conducted an extensive quality of service survey amongst people who receive services from them and was able to share the findings with the Care Quality Commission. We received copies of the actual responses the agency received from all of the people who responded to the survey. As these comments reflected their current views of the quality of the service the agency provided, they were used as evidence in Care Quality Commissions compliance review. Responses were as follows:

In response to quality of service surveys all people who use the service who responded said the following:

Staff came on time and showed their ID badges. Communication was good and staff

treated people with respect and their dignity was protected. The staff provided people with a good standard of care and people who use the service knew who to complain to if needed. Staff knew what care was needed and they do things the way people who use the service want them to.

Direct comments reflecting common views received from people who used the service were:

"Carers provide a very good standard of care"

"I am very satisfied with the service"

"They treat my mum and dad with respect and are very kind and caring"

"Care workers are consistent and put themselves out to make me safe and comfortable"

One person receiving a service said: "When I had a problem with one worker the management were quick to sort it out"

Two people receiving a service said: "The service is good and could be improved by giving some care staff some training in cooking traditional English food"

What we found about the standards we reviewed and how well Harmony Home Aid Services Limited - Unit A2 Broomsleigh Business Park was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Suitable arrangements were in place to ensure people's dignity and privacy and that they are treated with respect.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

The planning and delivery of care and treatment met people's needs and ensured their safety and welfare.

Outcome 06: People should get safe and coordinated care when they move between different services

The agency has suitable arrangements in place to protect the health safety and welfare where responsibility for care is shared with or transferred to others.

Outcome 07: People should be protected from abuse and staff should respect their human rights

Suitable arrangements were in place to ensure people were safeguarded against the risk of abuse neglect and omission

Outcome 12: People should be cared for by staff who are properly qualified and able to do their job

The provider is compliant with outcome 12: Requirements relating to workers. Effective recruitment procedures were in operation.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

Appropriate steps were in place to ensure that the health, safety and welfare of people was safeguarded by the employment of sufficient numbers of suitably qualified, skilled and experienced people.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Suitable arrangements were in place to ensure that staff received appropriate training, professional development, supervision and appraisal.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The provider was effectively operating systems designed to assess and monitor the quality of services provided.

Outcome 17: People should have their complaints listened to and acted on properly

The agency has in place an effective system for the safe and effective management of complaints made

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

People who used the service said that communications was good with the agency and staff and that staff treated people with respect and their dignity was protected. They said that staff knew what care was needed and that they do things the way people who use the service want them to.

Other evidence

The agency had policies and procedures in place to safeguard the personal information and confidences of the people who use the service ensuring that their privacy and dignity were protected. There was clear written guidance for staff directing them how to support people in a respectful manner.

The information provided by the agency to people who want to use the service was clear and concise enabling them to decide whether the services offered by the agency met their assessed needs.

The people wishing to use the service had their individual personal, health and social care needs assessed by experienced trained staff prior to being accepted by the agency. The agency stated that all people who use the service are involved in the assessment process and in developing their own care plan. The commissioning agency

also provided their own assessment of needs of each person receiving a service to ensure that current assessed needs were able to be met by the agency.

We reviewed care assessments and care plans of people who use the service and found that they had been completed appropriately and in a timely manner using needs assessment information provided by the hospital or social services. We saw information that showed that the agency's staff make notes at each visit as to any changes needed in the care provided based on their experience and what people who used the service said.

Our judgement

Suitable arrangements were in place to ensure people's dignity and privacy and that they are treated with respect.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

People who use the service said that they feel that staff knew what care was needed and that they do things the way people who use the service want them to.

Other evidence

We examined care plans of some people who use the service. We did this to check that consistency had been maintained in linking assessed needs to the care planned so that people who used the service had their welfare and safety protected. We found they contained detailed pre-assessment documentation. We found that people who use the service are protected against risk of receiving inappropriate care and treatment by the agency's procedures for care assessment and care planning.

Care plans had written guidance for staff to follow to protect people from risk. Care plans and risk assessments were being reviewed through information received from care workers at each visit and through discussion with the individual people who use the service. Any changes were recorded. In general there was a record of people being asked about important areas such as changes in health, mobility and personal care. There was a description of how to safely provide people safely with moving and handling support where necessary.

People's files we examined had a care plan based on their assessment of health and social care needs. Some included high levels of personal care support needs and in these cases risk was assessed especially regarding moving and handling. Many of the people had assessed support needs in bathing and dressing and continence care.

Overall we found that areas of assessed needs were included clearly in the delivery of care for people who use the service to protect people from personal risk.

The care team supervisor visited each person who receives a service every six months to speak with them about their care needs and reviewed their care plan every six months.

Our judgement

The planning and delivery of care and treatment met people's needs and ensured their safety and welfare.

Outcome 06: Cooperating with other providers

What the outcome says

This is what people who use services should expect.

People who use services:

* Receive safe and coordinated care, treatment and support where more than one provider is involved, or they are moved between services.

What we found

Our judgement

The provider is compliant with Outcome 06: Cooperating with other providers

Our findings

What people who use the service experienced and told us

On this occasion we did not speak to people about this outcome area.

Other evidence

The care assessments and care plans we examined showed that the agency liaises with commissioning authorities regarding needs of people before they begin to provide a service.

We found information at the agency showing that staff are directed to identify changes in people's care needs and to record this information, which is then considered by the agency and discussed with commissioning authorities where an increase in care is required. Referrals to other healthcare professionals were then made by social services for additional external support.

The agency had data protection and confidentiality procedures in place to protect people's information and the culture prescribed by the agency's policy is to involve people in decisions to share their information

Our judgement

The agency has suitable arrangements in place to protect the health safety and welfare where responsibility for care is shared with or transferred to others.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

People who use the service said that staff came on time and showed their ID badges. They said that management acted quickly when there was a problem.

Other evidence

The agency had policies and procedures in place to safeguard and protect people who use the service. The agency's training plan and records showed that staff were routinely being inducted and trained in their responsibilities to protect people who use the service and to report any concerns or allegations quickly.

The homes vulnerable adults' policy had been updated and covered all necessary areas.

There had not been any safeguarding concerns identified or reported in the previous 12 months.

Our judgement

Suitable arrangements were in place to ensure people were safeguarded against the risk of abuse neglect and omission

Outcome 12: Requirements relating to workers

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

What we found

Our judgement

The provider is compliant with Outcome 12: Requirements relating to workers

Our findings

What people who use the service experienced and told us

On this occasion we did not speak to people about this outcome area.

Other evidence

We interviewed staff and the registered manager about the process they went through in order to be employed by the provider. We also reviewed recruitment and employment records, and the recruitment policy. We found that the provider had in place effective recruitment, selection and induction procedures.

We found that the agency had explained clearly through induction and in writing their responsibilities regarding the care needed for individual people they would work with and all of their responsibilities regarding safe practice, recording and reporting was outlined in a staff handbook.

Our judgement

The provider is compliant with outcome 12: Requirements relating to workers. Effective recruitment procedures were in operation.

Outcome 13: Staffing

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us

People who use the service commented that they felt safe and comfortable with staff supporting them and they were happy with the service. They said that staff turn up on time and stay the time required. They said that the same staff were consistently allocated to them and that they are happy with the level of support received.

Other evidence

The agency has a care assessment and plan which outlines the number of staff required to provide support for each individual person and how many hours or part hours staff should take to provide the support.

The agency had purchased a system to enable them to ensure that staff had arrived on time at the specified location where they are scheduled to provide support. The agency felt that they were now able, using this system, to have a high level of confidence that scheduled visits were consistently met.

There have been no concerns raised about the staffing levels or about the care provided.

Our judgement

Appropriate steps were in place to ensure that the health, safety and welfare of people was safeguarded by the employment of sufficient numbers of suitably qualified, skilled and experienced people.

Outcome 14: Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

On this occasion we did not speak to people about this outcome area.

Other evidence

The agency was registered with an external training provider and had an induction procedure in use which was in line with their requirements.

Staff experience, skills and competency were assessed at the induction stage and the agency formulated the subsequent induction and training programme to suit the individual staff member.

The agency has a good training programme, and staff documentation showed that they had received appropriate training, most of which was completed in house with qualified trainers employed by the agency. Staff had received mandatory training and had the opportunity to undertake a National Vocational Qualification (NVQ). Management confirmed that a high percentage of carers employed were NVQ level 2 or 3 qualified and all of the staff files we saw showed this to be the case.

Training records showed that they had received training in:
Moving and Handling, Health and Safety, Food Hygiene, infection control, understanding dementia, challenging behaviour and Safeguarding Vulnerable Adults.

Personnel files seen showed that all staff received regular supervision and that they had an annual appraisal; there was also evidence of spot checks and staff meetings were held with the agency managers.

The agency has facilities for training staff in a simulated environment using domestic furniture and equipment for moving and handling during induction.

Our judgement

Suitable arrangements were in place to ensure that staff received appropriate training, professional development, supervision and appraisal.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

On this occasion we did not speak to people about this outcome area.

Other evidence

We saw evidence that care plans were developed with the person receiving a service and with information received from the commissioning agent before the service provision commenced.

The care team supervisor visited each person who receives a service every six months to speak with them to ensure they are involved in the planning and reviewing of their care and support. The evidence we saw showed that the agency reviews care plans with involvement from individual people who use the service whenever a change in need is identified, and carries out a full formal review at least every six months.

The agency conducted spot checks to ensure that staff were providing the care to check their ability to provide the care needed in a safe and appropriate manner, and to follow the care plan. This ensured that the person received the care and support they needed and that any training or development needs were identified for individual care staff.

Quarterly telephone monitoring surveys were also carried out to hear their views and to involve them in any proposed changes in care delivery. Annual quality assurance surveys were being conducted to seek the views of people about the care and staffing. The most recent was conducted in January 2011 and the evidence we saw showed that

people overall felt they were getting a good and safe service.

The agency had a computerised system for monitoring that staff had arrived and departed scheduled visits to peoples homes at the scheduled times to ensure that people received their allocated length of support and that any shortcomings were identified quickly.

We saw evidence that people receiving a service who were privately funded had formal contracts in place describing the service to be provided and these were reviewed whenever a change in care needs occurred.

Overall we found that the agency protects people who use the service and staff through detailed planning and monitoring and review of the care provided.

Our judgement

The provider was effectively operating systems designed to assess and monitor the quality of services provided.

Outcome 17: Complaints

What the outcome says

This is what people should expect.

People who use services or others acting on their behalf:

- * Are sure that their comments and complaints are listened to and acted on effectively.
- * Know that they will not be discriminated against for making a complaint.

What we found

Our judgement

The provider is compliant with Outcome 17: Complaints

Our findings

What people who use the service experienced and told us

People who use the service said that they knew who they would talk to if they had a complaint and felt able to raise any concerns that they might have with the staff and the office. None had had occasion to make a formal complaint.

Other evidence

The agency has a complaints policy in place which is given to staff and used in induction training. Staff files we examined showed that they had this training.

There were three complaints made in 2010 and we saw evidence to show that these had been reported to social services by the agency and that a thorough investigation had been carried out for each. We found that this process responded quickly to the concerns of people who used the service and subsequently made changes where necessary.

The agency keeps a register of complaints for analysis to identify any possible trends and all complaints were resolved in a timely manner.

Our judgement

The agency has in place an effective system for the safe and effective management of complaints made

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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