

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Harmony Home Aid Services Limited - Unit A2 Broomsleigh Business Park

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Harmony Home Aid Services Limited
Registered Manager	Mr. Damian Simon
Overview of the service	Harmony Home Aid Services Limited provides personal care and support to enable people remain independent in their own homes. It supports approximately 140 people across the London Boroughs of Greenwich, Croydon and Bromley.
Type of service	Domiciliary care service
Regulated activity	Personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 25 February 2013, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members, talked with staff, reviewed information we asked the provider to send to us and reviewed information sent to us by commissioners of services. We talked with commissioners of services and talked with other authorities.

What people told us and what we found

Nine people who used the service and their relatives we spoke with told us they were happy with the service they received. They said they found staff were kind and caring, and they felt assured and safe because they received a reliable service.

The agency had high retention levels for carers which contributed to consistency in the service. A person receiving the service said, "I was reluctant to allow a carer provide for my personal care needs, but my views have changed, the carer made me feel me at ease and reassured me, I would be lost without her assistance now".

People were treated with respect and were involved by the agency in decisions about their care arrangements. They found that care staff generally arrived on time and stayed for the time required. Any concerns raised by people with the agency such as timekeeping were responded to promptly and addressed as appropriate.

The agency had experienced members of staff dedicated and assigned to the roles of planning and overseeing the care delivery. This helped to ensure that care was planned and delivered to meet individual needs at the agreed times, care staff felt their workload was manageable as good planning made allowances for travel times from people's homes.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone

number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People's diversity, values and human rights were respected. The provider provided staff with information and guidance about how to support people respectfully. Included in the provider's policies was a copy of the code of conduct issued to care staff, it outlined staff responsibilities including the need to be respectful of people's religious and cultural differences. Two of the people spoken with described carers as "respectful and sensitive" in their approach.

We looked at the assessment process and saw that the provider gave consideration to religious and cultural issues and this was reflected in people's assessments and care plans. Care plans we looked at had details of the support required for meeting these needs. Care plans instructed staff on specific religious periods such as fasting periods during Ramadan. The relative of a person using the service told us their relative had specific religious needs, they found that care staff were informed of these at the agency office and continue to show their respect for the individual's religious beliefs. People expressed their views and were involved in making decisions about their care and treatment. We looked at care plans for four people who used the service. The plans emphasised the need to support people to maintain their dignity and independence, for example in allowing people to do things for themselves when possible during personal care. We saw that plans agreed were signed by the person receiving a service or by a relative when necessary.

There were suitable arrangements made to ensure the privacy and dignity of people who received a service. We saw that the provider responded to individual requests for rostering the same group of carers to promote continuity. It was acknowledged in surveys completed that people were pleased with the carers assigned. A person using the service told us that the continuity of care was one of the strengths of the service, she said "I have a regular group of carers that come to my home, they have good insight into my care needs and understand how I like to be supported".

We saw that people who used the service were treated with consideration and respect.

Instructions for staff included telling them to ask permission from people before entering their home. We saw the results of surveys of people's views carried out by the provider up to December 2012, these showed that the majority of respondents felt that staff were respectful, polite and treated them with dignity.

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We looked at care plans of four people who used the service. People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We found people who used the service were protected against the risk of receiving inappropriate care by the use of detailed assessments and care plans, describing how to reduce risks to people.

All four care plans we looked at had written guidance for staff to follow in order to protect people from risk. Some people required assistance with mobility. These needs were assessed, and provided for by the provision of suitable equipment to enable safe transfers. Care staff we spoke with had received training on moving people safely and in using specialist hoisting equipment.

The service employed a number of suitably skilled staff in the agency office to assess and plan the care arrangements for people requiring the service. This helped ensure that people received all the support required at the correct times. A care supervisor was assigned to each borough and took responsibility for keeping the person's care needs under review. Their role included monitoring visits and spot checks, this helped to ensure that people received the care they needed.

We saw that consistency was maintained in linking assessed needs to the care delivery so that people who used the service had their welfare and safety protected. A relative of a person with dementia told us of the reliability of the agency carers and that this had improved over a period of time. They found that the carers supporting their relative understood their needs and were careful to follow the agreed care arrangements and to keep to the correct routine. They said this helped their relative to have a structure in their life which assisted them.

We looked at examples of records completed by carers on visits to people's homes. Information recorded gave a clear indication of the individual's state of wellbeing and response to care and treatment. Relatives told us they found this daily recording beneficial as they could see from records how the person felt and if they received the food and fluids required.

The manager explained some of the additional monitoring processes introduced to promote stability and consistency in care and treatment to people in their own homes. He told us that calls to more than 40% of the people receiving the care were monitored electronically. This ensured that calls took place at the correct time and prevented people experiencing missed calls or delays when receiving care from two people.

We found the service used the information supplied by the social workers and from their own assessment documentation to develop appropriate care arrangements. For example a carer spoken with told us they were assigned to a person who spoke Russian, they found this worked well and that she could speak with the person and understand when they had concerns or were unwell.

There were arrangements in place to deal with foreseeable emergencies. People receiving a service had a health assessment with details of GP and district nurse and next of kin. We saw from records that communication by carers and the agency was good, relatives and the GP were alerted when the need arose. The service had an out of hours telephone contact which people were given in their information pack.

Staff were given clear guidance about key holding and access and how to gain entry to each person's home to deliver the agreed service. Four care staff we spoke with told us of their response if there was no reply. Examples were given of them alerting relevant authorities when they were unable to gain entry. We saw that the agency maintained records of actions taken by care supervisors and that they notified relevant social services departments of the absence of the person receiving the service.

Records we looked at showed care plans were in place and based on an assessment of the individual's needs, for example around personal hygiene and getting up and going to bed. Daily records we saw showed care was delivered in line with the individual's care plan. We saw that care plans and risk assessments were reviewed through information received from care workers at each visit, also as a result of spot checks and service reviews. Records were held in paper form and electronically of any communication with people using the service, relevant health and social care personnel. We found some minor inconsistencies in care records, for example some updates to records held electronically were not transferred to the paper formats.

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

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. We found that people were protected because they were supported by staff who were suitably trained and competent. A carer we spoke was confident about following correct protocols for protecting vulnerable people. They described an occasion recently which led to raising an alert about a person who was living in unsuitable housing conditions. People we spoke with felt they could rely on staff from this agency, they found that care staff came on time and carried their ID badges.

The provider had policies and procedures in place to safeguard and protect people who used the service. The vulnerable adults policy guidance was displayed prominently in the office for office supervisors and care staff to read.

The manager was knowledgeable of the local authority's safeguarding protocols and was available on a daily basis to advise supervisors and take calls from people who used the service. People who used the service and their relatives we spoke with said they had confidence in the service, they felt safe with the service they received. There were robust procedures to monitor and oversee the quality of the service.

Five staff spoken with felt they benefited from regular training delivered at head office, a training session was in progress in the agency's training room during this inspection visit. Four staff training plans and records we looked at showed that staff had received a full induction and were trained in their responsibilities to protect people. All care staff and supervisors had attended protection of vulnerable adults training in the past year.

The provider operated an out of hours on call management system to respond to concerns or safeguarding incidents. Local authority monitoring officers reported no concerns about this service.

Requirements relating to workers

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We looked at staff records for four of the most recently recruited care staff. We found there were effective recruitment and selection processes in place. Appropriate checks were undertaken before staff began work. The provider maintained brief records of the interviewing process. The provider may find it useful to note that records held of interviewing and selection process should demonstrate fully how the candidate met the selection criteria

All new staff were provided with a full induction which included mandatory training, and shadowed a senior staff member before they worked alone. Care staff said the manager and supervisors explained clearly through induction and in writing their responsibilities regarding the care needed by people they worked with. They received a staff handbook which outlined codes of conduct expected and their responsibilities regarding safe practice.

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

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development. Staff experience, skills and competencies were assessed at the induction stage. The service tailored and developed the induction and training programme to meet the needs of individual staff members, and to meet the aims and objectives of the service. For example the service offers support to people with dementia, the agency provided training and development in dementia care to all care staff. Two relatives spoken with felt the care staff who supported their elderly parents were skilled and competent in dementia care.

Staff were able, from time to time, to obtain further relevant qualifications. The agency had a training room where staff received their mandatory and ongoing training. It had purchased a wide range of training programmes, and staff records showed that care staff attended all the required training. Each week the agency offered two days of training on a number of relevant topics. A carer who had worked at the agency for five years told us they felt inspired by the development opportunities available. Another carer told us the agency was "supportive" to care staff and described the number of training courses attended that helped them to develop their skills.

The manager shared with us training statistics, the majority of staff had received National Vocational Qualifications in care. Supervisors were trained to deliver training and could identify staff training needs from their supervisory role.

Personnel files showed that staff received regular one to one supervision, and had their practise directly observed. Records were made of practice observations and copies of these were available on individual staff files. Staff we spoke with felt they received appropriate support from their line managers. We saw that supervisors carried out a home visit to support individual care workers. For example a person had issues with the operation of a hoist and the moving and handling arrangements. The supervisor had visited the person's home to reassess and supervise the carers using the equipment.

Assessing and monitoring the quality of service provision

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

The service had a range of quality checks and reviews in place to ensure that people were safe and that appropriate care and support was delivered. Care needs and risk assessments were completed by experienced staff for each person before they received a service. This promoted the health and welfare of people using the service and of staff. Ongoing examples were seen of promoting good practise, care delivery arrangements and risk management were frequently reviewed and amended when required. For example number of staff required to safely transfer a person was altered to reflect the person's changing need.

Frequent unannounced spot checks were undertaken, this monitored staff practise as well as assessing the quality of care delivered. Each staff member was subject to a number of spot check as part of their performance assessment. If shortfalls such as poor timekeeping or manual handling concerns were identified these were done more frequently.

People who used the service, their representatives and staff were asked for their views. There was a quality assurance policy in place, which included conducting survey's with people who used the service, and with their relatives. We looked at the most recent surveys completed in December 2012. Overall surveys showed a large majority of people were happy with the service provided, and any concerns raised were addressed by the provider.

The information collated from these annual surveys was used to report on the performance of the agency. A relative of a person using the service told us the agency supervisor frequently checked if they were satisfied with the help their parent received. They found that the manager and supervisors took on board their views and preferences of call times. Another person described the service as reliable but found on occasions the carer was late which caused inconvenience to the person and the rest of the family. The office supervisor rearranged the carer's schedule and this had improved the carer's time keeping.

The agency had a system for reporting any concerns raised by the people who used the service, or their relatives. Records were maintained for each person using the service of

any communication whether by telephone or e mail. We looked at complaints process, we found the agency received a low volume of complaints, quality assurance information and contracts monitoring supported this evidence.

We found that complaints were responded to by the registered manager in accordance with the service complaint's procedure and in the agreed timescales. The service involved other relevant agencies such as social services when appropriate. We saw that the service received a large number of compliments about the service, with comments such as "we could not have managed to care for my father at home without your help", another card said "we are forever grateful to the wonderful carers that helped me care for my husband". This information was also shared with relevant care staff.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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