

Unannounced Care Inspection Report 12 June 2018



Home Instead Senior Care (NI) Limited

Type of Service: Domiciliary Care Agency
Address: 24 Main Street, Saintfield, BT24 7AA
Tel No: 02895609910
Inspector: Lorraine O'Donnell

www.rqia.org.uk

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

This is a domiciliary care agency which provides personal care to people with a range of needs including older persons, people with dementia, physical disability and learning disability.

Organisation/Registered Provider: Home Instead Senior Care (NI) Limited Responsible Individual(s): Mrs Lynn Anna Elliott	Registered Manager: Mrs Julia Wade - registration pending
Person in charge at the time of inspection: Mrs Julia Wade	Date manager registered: Mrs Julia Wade - registration pending

4.0 Inspection summary

An unannounced inspection took place on 12 June 2018 from 09.30 to 17.30.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

The inspection assessed progress with any areas for improvement identified since the last inspection and 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 service user involvement, staff induction and training and governance arrangements.

Areas requiring improvement were identified in relation to Northern Ireland Social Care Council (NISCC) registration and RQIA notifications.

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	1	1

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Julia Wade, manager and Mrs Lynn Elliott, the responsible individual, 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.

4.2 Action/enforcement taken following the most recent care inspection dated 23 October 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 23 October 2017.

5.0 How we inspect

Specific methods/processes used in this inspection include the following:

- discussion with the manager and registered person
- examination of records
- consultation with staff
- evaluation and feedback

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

- previous RQIA inspection report and QIP
- records of notifiable events
- any correspondence received by RQIA since the previous inspection

During the inspection the inspector met with six staff members.

The following records were viewed during the inspection:

- Service Users' care records
- Risk Assessments
- Monthly Quality Monitoring reports
- Staff meeting minutes
- Staff induction records
- Staff training records
- Records relating to staff supervision
- Complaints records
- Incident records
- Records relating to adult safeguarding
- Staff rota information
- Recruitment Policy and Staff recruitment records
- Supervision Policy
- Disciplinary Policy
- Safeguarding Vulnerable Adults Policy
- Confidential Reporting Policy
- Complaints Policy
- Data Protection Policy
- Statement of Purpose
- Service User Guide

As part of the inspection the inspector spoke with one service user and three relatives, by telephone, on 11 June 2018 to obtain their views of the service. The service user and relatives interviewed informed the inspector that they received assistance with the following:

- personal care
- meals
- sitting service

- companionship
- housework

Feedback received by the inspector during the course of the inspection is reflected throughout this report.

At the request of the inspector, the manager was asked to display a poster prominently within the agency’s registered premises. The poster invites staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. No questionnaires were returned, the manager has been informed.

The inspector requested that the manager place a ‘Have we missed you’” card in a prominent position in the agency to allow service users, relatives and families who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 23 October 2017.

The most recent inspection of the agency was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 23 October 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (d) Stated: First time	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 in respect of each of the matters specified in Schedule 3 Ref: 6.4	Met
	Action taken as confirmed during the inspection: During the inspection the inspector viewed three staff recruitment files. These files	

	included information relating to each matter specified in Schedule 3.	
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
Area for improvement 1 Ref: Standard 14.1 Stated: First time	<p>The registered person shall ensure the procedures for protecting vulnerable adults are in accordance with legislation, DHSSPS guidance, regional protocols and local processes issued by Health and Social Services Boards and HSC Trusts.</p> <p>Ref: 6.4</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The inspector viewed the policies and procedures for protecting vulnerable adults and they reflected current legislation, DHSSPS guidance, regional protocols and local processes.</p> <p>However, the inspector found that one notifiable incident had not been reported to RQIA within the agreed time frame.</p>	
Area for improvement 2 Ref: Standard 11.1 Stated: First time	<p>The registered person shall ensure that the policy and procedures for staff recruitment detail the recruitment process and comply with legislative requirements and DHSSPS guidance.</p> <p>Ref: 6.4</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The inspector viewed the recruitment policy which had been updated to reflect legislative requirements and DHSSPS guidance.</p> <p>However, the inspector identified from the staff files viewed that it was unclear if two staff members registration with NISCC had been applied for/completed.</p> <p>It was confirmed during the inspection that both staff had applied to be registered with NISCC and their registrations were pending. The agency did not appear to have a robust system in place to monitor the progress of applications in a timely manner.</p>	

<p>Area for improvement 3</p> <p>Ref: Standard 8.11</p> <p>Stated: First time</p>	<p>The registered person monitors the quality of services in accordance with the agency’s written procedures and completes a monitoring report on a monthly basis. This report summarises any views of service users and/or their carers/representatives ascertained about the quality of the service provided, and any actions taken by the registered person or the registered manager to ensure that the organisation is being managed in accordance with minimum standards.</p> <p>Ref: 6.7</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>The inspector viewed three monthly quality monitoring reports which evidenced they had been completed in accordance with the minimum standards.</p>	

6.3 Inspection findings

6.4 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 registered premises are located at 24 Main Street, Saintfield and are suitable for the purposes of the agency as set out in the Statement of Purpose.

The inspector reviewed the agency’s processes in place to avoid and prevent harm to service users; this included a review of staffing arrangements in place within the agency.

The inspector examined a number of individual staff personnel records; documentation viewed included details of the recruitment processes and evidence of pre-employment checks completed. Records reviewed did not contain evidence that staff members’ registration applications with NISCC had been followed up in a timely manner. The manager stated they would put a system in place to prompt the follow up required to ensure staffs NISCC application and/or renewal of registration are reviewed. The manager has confirmed they have contacted NISCC in relation to these registrations.

The agency’s recruitment policy outlines the system for ensuring that required staff pre-employment checks are completed prior to commencement of employment. Documentation viewed by the inspector indicated that there are recruitment systems in place to ensure that staff are not provided for work until all required checks have been satisfactorily completed. These records included a statement by the manager that individual staff were physically and mentally fit for their role.

The agency's training and development policy outlines the induction programme lasting in excess of the three day timescale as required within the Domiciliary Care Agencies Regulations. A record of the induction programme provided to staff is retained by the agency; three records viewed by the inspector detailed the information provided during the induction period. Staff who spoke to the inspector demonstrated that they had the appropriate knowledge and skills to fulfil the requirements of their individual job roles. Records viewed by the inspector were satisfactory. The manager stated they do not use agency staff, the agency's staff work additional hours to cover.

The agency's supervision and appraisal policies outline the timescales and processes to be followed. The inspector viewed four individual staff records and noted that a record of staff supervision and appraisal is maintained by the agency; records viewed indicated that staff had not received supervision in accordance with the agency's policies and procedures. The responsible individual informed the inspector that this had occurred during the period they were recruiting a new manager. They confirmed, the manager was in the process of planning a schedule to ensure the supervisions were brought up to date. Following inspection the agency provided the inspector with information relating to a small number of outstanding supervisions and the individual reasons they had not been completed. The manager is commended on the work involved in achieving this. Staff who spoke to the inspector could describe the benefits of individual supervision, and appraisal.

The inspector viewed the agency's staff training matrix and noted that the record indicated that staff had completed relevant mandatory training. Staff who spoke to the inspector stated that they felt that their training had equipped them with the knowledge and skills for their role; they could describe the process for requesting additional training if required.

The inspector reviewed the agency's provision for the welfare, care and protection of service users. The manager could describe the agency's response to the DHSSPS regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. The agency had identified a Safeguarding Champion and the staff spoken to during the inspection were aware who this is.

Discussions with the staff members demonstrated that they had a clear understanding of adult safeguarding issues and the process for reporting concerns. Staff had knowledge of the agency's whistleblowing policy. It was identified from training records viewed that staff are required to complete safeguarding vulnerable adults training during their induction programme and in addition complete an annual update. Training records viewed by the inspector indicated that staff had received training in relation to adult safeguarding.

The inspector viewed the agency's records maintained in relation to adult safeguarding. From discussions with the manager and records viewed it was identified that the agency maintains a record of referrals made to the Health and Social Care Trust (HSCT) safeguarding team and other relevant stakeholders relating to alleged or actual incidences of abuse. Records viewed and discussions with staff indicated that the agency has acted in accordance with their policies and procedures when dealing with allegations of abuse and that the details of the outcome of any investigations are recorded. However, the agency failed to inform RQIA of a notifiable event within the required timeframes. This was discussed with the manager and the notifiable event was reported to RQIA following the inspection.

The inspector was advised by the service user and relatives interviewed that they had no concerns regarding the safety of care being provided by the agency. New carer workers had been introduced to the service user by a regular member of staff; this was felt to be important both in terms of the service user's security and that the new carer had knowledge of the required care.

No issues regarding the carers' training were raised with the inspector by the service user or relatives; examples given included manual handling and management of medication. The service user and relatives interviewed confirmed that they could approach the carers and office staff if they had any concerns. Examples of some of the comments made by service users or their relatives are listed below:

- "Absolutely wonderful, so kind."
- "Amazing caring people"
- "Think they are great."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training and risk management.

Areas for improvement

There were two areas for improvement noted one in relation to the agency's recruitment records and the other in relation to the late reporting of a notifiable incident to RQIA.

	Regulations	Standards
Total number of areas for improvement	1	1

6.5 Is care effective?

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

The agency's arrangements for appropriately responding to and meeting the assessed needs of service users were reviewed during the inspection. Details of the nature and range of services provided are outlined within the Statement of Purpose and Service User Guide.

The agency's data protection policy outlines the processes for the creation, storage, retention and disposal of records. This policy has been updated to reflect General Data Protection Regulation, (GDPR) 2018. It was identified from records viewed during inspection that they were maintained in accordance with legislation, standards and the organisational policy. Staff personnel records viewed during the inspection were retained securely and in an organised manner. The inspector noted that staff had received training relating to record keeping and confidentiality during their induction programme.

Staff could describe the procedure for ensuring that service users are encouraged and supported to be effectively engaged in the care planning process. From care plans viewed it was noted that service users are encouraged to sign their care plan to indicate that they have agreed the care to be provided.

The inspector noted that there are arrangements in place within the agency to monitor, audit and review the effectiveness and quality of care delivered to service users. The inspector viewed the records of several monthly quality monitoring reports and service user quality monitoring visits completed and the action plans developed; and noted that they indicated that the process is robust.

Staff spoken with on the day of inspection advised that care plans were provided within each service user's home by Home Instead and that staff carry out the prescribed care. It was identified that any issues or concerns arising were reported to the agency via the "on call" service. Staff confirmed that they were always notified of any changes to the agreed care plan prior to the visit; for example, visit time change, more than one staff needed, moving and handling issues. Staff also demonstrated a clear understanding of the reporting procedure if they were delayed in the undertaking of the agreed visit time.

The inspector was informed by the service user and relatives interviewed that they had no concerns regarding the carers' timekeeping or that care has been rushed. The service users and relatives interviewed also advised that they had not experienced any missed calls from the agency. Service users stated that they are usually introduced to new carer workers by a regular carer. The service user and relatives interviewed confirmed that they are aware of whom they should contact if they have any concerns regarding the service.

No issues regarding communication between the service users, relatives and staff from the agency were raised with the inspector. The service user and relatives advised that home visits and phone calls have taken place to obtain their views on the service. The service user and relatives interviewed were also able to confirm that they had received a questionnaire from the agency.

Staff meetings are facilitated monthly; it was noted that staff are required to sign the minutes of the meetings to indicate that they have read and understood the areas discussed and the information provided.

The manager confirmed there were arrangements in place to monitor, audit and review the quality of the service delivered to service users at appropriate intervals throughout the year. For example: annual service user quality satisfaction questionnaire, desk top telephone feedback from service users, supervision visits to the service user's home, care staff spot check visits and service user care reviews. Records of audits conducted and monitoring visits undertaken were retained alongside analysis of findings with action taken to address issues arising. In addition feedback on the quality of care provided was sought from commissioning HSCT representatives. The analysis of feedback from service users on the overall quality of care provided by the agency was positive. This is to be commended.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

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

On the day of inspection the inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was reflected throughout staff attitudes and the delivery of the service.

The service user and relatives interviewed by the inspector felt that care was compassionate. The service user and relatives advised that carers treat them with dignity and respect, and care has not been provided in a rushed manner. Service users, as far as possible, are given their choice in regards to meals and personal care.

Views of service users and relatives have been sought through home visits, phone calls and questionnaires to ensure satisfaction with the care that has been provided by the agency.

Examples of some of the comments made by service users or their relatives are listed below:

- “The girls are very helpful.”
- “No complaints with any of them.”

Staff who met with the inspector advised that they were always provided with details of the care to be provided for each new service user or any changes to the care of existing service users. Staff demonstrated good understanding of how core values form an important component of care provision including; privacy, dignity, independence, choice, rights and fulfilment. The inspector viewed a record of service user feedback received by the agency. A large number of service users were satisfied that they were afforded choice, for example in what they liked to wear and have to eat; where treated with dignity and respect and they knew how and to whom to complain if they were unsatisfied.

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 during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 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 management and governance systems in place within the agency to meet the needs of service users; it was identified that the agency has implemented systems of management and governance. The agency is managed on a day to day basis by the manager; staff could clearly describe the process for obtaining support and guidance from a senior team member within the organisation.

The agency has a range of policies and procedures; the induction and training policies were not available during the inspection, the manager requested these from their central office and forwarded copies to the inspector following the inspection. Staff could describe the procedure for accessing the agency's policies and procedures. A range of the agency's policies viewed by the inspector were noted to have been reviewed and updated in accordance with timescales detailed within the domiciliary care agency minimum standards.

Examples of some of the comments made by staff are listed below:

- "Training gives me the confidence in my ability to provide a high level of care to the clients."
- "Well run."
- "Great place to work."

The inspector noted that the agency has a systematic approach in reviewing information with the aim of improving safety and quality of life for service users. It was identified from records viewed and discussions with the manager that the agency's governance arrangements promote the identification and management of risk; these include provision of and review of relevant policies and procedures, audit of complaints, accidents, safeguarding referrals and incidents notifiable to RQIA.

The agency's complaints policy records the procedure for managing complaints; discussions with staff indicated that they have a clear understanding of the actions to be taken in the event of a complaint being received. The service user and relatives interviewed confirmed that they are aware of whom they should contact if they have any concerns regarding the service. The service user and the relatives stated they had no complaints regarding the agency or management.

During the inspection process the inspector viewed evidence of appropriate staff recruitment, induction, training, supervision and appraisal. The manager and staff who spoke to the inspector could describe the benefits of reviewing the quality of the services provided and of identifying areas for improvement.

The inspector viewed records which indicated that there are effective collaborative working relationships with relevant stakeholders, including HSCT representatives and relatives. From quality monitoring records viewed the inspector noted positive feedback received the HSCT representatives regarding the ability of the agency to work in partnership.

The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability. Staff had a clear understanding the responsibilities and requirements of their job roles; service users were aware of staff roles and knew who to talk to if they had a concern and described an 'open door' arrangement for staff. Staff demonstrated that they had an understanding of the agency's whistleblowing policy and could clearly describe the procedure for obtaining support and guidance including the arrangements for out of hours. Staff who met with the inspector stated that the manager, who is recently appointed, is supportive and approachable.

The manager stated that all staff are required to be registered with NISCC as appropriate; it was noted that a record is maintained by the agency which records registration details and expiry dates. Discussions with the manager provided assurances that the organisation now has a planned process in place for monitoring registration status of staff and for ensuring that staff will not be supplied for work if they are not appropriately registered.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The manager and responsible individual was able to discuss the ways in which staff development and training enables staff to engage with a diverse range of service users.

Some of the areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- advocacy
- equal care and support
- individual person centred care

The manager has been recently appointed and therefore has had limited opportunities to work with RQIA to date. The responsible individual has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards. The agency's Statement of Purpose and Service User Guide were noted to have been reviewed and updated. The agency's certificate of registration was appropriately displayed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Julia Wade, manager and Mrs Lynn Elliott, responsible individual, 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/or 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

<p>Area for improvement 1</p> <p>Ref: Regulation 15 (12) (b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of inspection</p>	<p>The Regulation and Improvement Authority are notified of any incident reported to the police, no later than 24 hours after the registered person-</p> <ul style="list-style-type: none"> (i) has reported the matter to the police; or (ii) is informed that the matter has been reported to the police. <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Thank you for the time spent with us on 12 June and the report which followed. We appreciate the time you have taken to understand our business, underline our good practices and help us identify further improvements.</p> <p>Regarding the issue identified regarding Regulation 15 (12) b, a reflective practice exercise has been undertaken to identify why a mandatory RQIA notification had only been verbally reported, and what steps could be taken in future to ensure this did not happen again. (Reflective Practice Exercise attached.) As a result of the exercise a training schedule has been devised to ensure that all staff are re-trained in their role in the safeguarding process. (Training schedule attached.)</p>

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011

<p>Area for improvement 1</p> <p>Ref: Standard 11.2</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of inspection</p>	<p>The registered person shall ensure staff are recruited and employed in accordance with relevant statutory employment legislation.</p> <ul style="list-style-type: none"> • registration status with relevant regulatory bodies is confirmed <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Regarding the process required to monitor NISCC certification, procedures have been put in place to ensure that all CAREGivers meet the requirements for registration with the NISCC. The Care Manager is working with People Planner to have NISCC registration and renewal included in the task matrix for CAREGivers on the software used to record all other induction requirements.</p> <p>In the interim a spreadsheet is in use to monitor registration for new CAREGivers.</p>

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



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)