

Unannounced Care Inspection Report 23 October 2017



Home Instead Senior Care (NI) Limited

Type of Service: Domiciliary Care Agency
Address: 24 Main Street, Saintfield, BT24 7AA
Tel No: 02844842657
Inspector: Audrey Murphy

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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.

3.0 Service details

Organisation/Registered Provider: Home Instead Senior Care (NI) Limited Responsible Individual: Mrs Lynn Anna Elliott	Registered Manager: Mrs Donna Margaret Provan
Person in charge at the time of inspection: Mrs Lynn Anna Elliott	Date manager registered: 14 April 2016

4.0 Inspection summary

An unannounced inspection took place on 23 October 2017 from 09:30 to 15:00.

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 recruitment practice, quality monitoring and the agency's safeguarding policy.

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	3

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Lynn Anna Elliott and Mrs Donna Margaret Provan, as part of the inspection process. The timescales for completion commence from the date of inspection.

5.0 How we inspect

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

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

During the inspection the inspector met with the registered manager, the responsible individual and with a member of support staff. Questionnaires were provided for distribution to staff following the inspection and four of these were returned to RQIA. Feedback from staff is incorporated into the body of the report.

Prior to the inspection the User Consultation Officer (UCO) spoke with four service users and eight relatives, either in their own home or by telephone, between 11 and 13 October 2017 to obtain their views of the service. The service users interviewed have received assistance with the following:

- personal care
- meals
- sitting service
- companionship
- housework
- financial assistance

The UCO also reviewed the agency's documentation relating to three service users.

The following guidance/policies and procedures were examined during the inspection:

- recruitment policy
- supervision and appraisal policy
- safeguarding : Protection of Vulnerable Adults policy
- employee development and training policy
- whistleblowing policy
- needs assessment and care planning
- assessments of Risks in Clients' Homes
- management of records
- management, control and monitoring of the agency
- changing a care giver policy
- listening and responding to clients' views
- privacy and dignity

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 14 April 2016

The most recent inspection of the agency was an announced pre-registration inspection.

6.2 Review of areas for improvement from the last inspection dated 14 April 2016

There were no areas for improvement made as a result of the last inspection.

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 examined the agency's arrangements for the recruitment of staff and was advised that recruitment is undertaken on a regular basis in response to service expansion. The agency uses a range of methods to advertise vacancies and candidates are provided with training and an interview prior to being offered a position. The agency's staffing levels at the time of the inspection were satisfactory and were being kept under regular review. The agency has an on call system in place to respond to unforeseen events, including staffing shortages, and the manager also participates in direct service provision when the need arises.

The recruitment and selection policy was examined and there was an area for improvement identified in relation to the policy explicitly referencing enhanced Access NI checks being undertaken, rather than DBS checks; the inspector was assured however that these pre-employment checks were in place and emphasised the importance of ensuring that the policy is updated to reflect current practice.

Recruitment records provided evidence of compliance with the regulations however a statement from the registered provider or registered manager confirming the fitness of new workers is required to be included within the recruitment records.

The arrangements for staff induction and training were examined and records supported the provision of a structured induction lasting at least three working days. Records also evidenced that ongoing support to staff is provided during supervision meetings, support visits, spot checks, team meetings and through an annual appraisal.

Comments from staff who returned a questionnaire:

- “Induction training is very good; appraisal has been completed”.
- “Along with the training there is always someone on call, at the end of the phone at any time you may need help or advice”.

The agency’s training records evidenced uptake in a range of ‘mandatory’ areas and some staff had received training specific to the needs of individual service users including peg feed training, end of life care, mental health. The agency’s training is provided on site and all staff avail of a three module training programme which covers the ageing process, safeguarding issues and building a relationship.

The agency’s adult safeguarding procedures were examined and agency staff were knowledgeable in relation to their responsibility to record and report safeguarding matters. An area for improvement was identified in relation to the content of the safeguarding procedures which should reference the regional procedures including those for recording and reporting safeguarding concerns and the role of the adult safeguarding champion. The procedures should not reference legislation that doesn’t apply in Northern Ireland. The inspector was advised that while no safeguarding referrals had been made, HSC Trust staff had been contacted to discuss a range of matters relating to the wellbeing of service users. An adult safeguarding champion has been identified within the agency.

The UCO was advised by all of the service users and relatives interviewed that there were no concerns regarding the safety of care being provided by Home Instead. New carers had been introduced to the service user by a regular member of staff or management; 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. The agency has an IT system in place that alerts senior staff to any late care calls; consequently the risk of service users not receiving their allocated service is minimised.

No issues regarding the carers’ training were raised with the UCO by the service users or relatives; examples given included manual handling. All of the service users 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:

- “XXX is very well cared for.”
- “Peace of mind for us as we don’t live locally.”
- “Couldn’t complain.”

Areas of good practice

There were examples of good practice relating to staffing arrangements and support for staff including induction and additional training.

Areas for improvement

There were three areas for improvement noted in relation to the agency’s recruitment policy, recruitment records and adult safeguarding procedure.

	Regulations	Standards
Total number of areas for improvement	1	2

6.5 Is care effective?

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

The agency's referral arrangements were examined and the inspector was advised that the agency responds to referrals from HSC Trusts and from individuals, some of whom are using self directed support to purchase services. The agency's statement of purpose and service user guide set out the range and nature of services provided, some of which do not include personal care such as companionship, domestic duties, befriending.

The agency has a policy of ensuring that a senior staff member visits the service user in their own home prior to the service commencing and follows up with a next day courtesy call following the commencement of the service. Service users are then reviewed regularly and receive a quarterly quality visit.

The agency maintains policies on record keeping and records management and the records examined during the inspection had been made in accordance with these. Service users are provided with information about data protection.

The inspector examined some care records and these provided evidence of service user involvement prior to service commencement and on an ongoing basis through regular reviews.

Service user feedback on the quality of service provision has been sought in an annual survey, the results of which were available for inspection. These records evidenced overall satisfaction with aspects of service provision including timekeeping, communication with office staff, notification of changes and introductions to care workers.

A member of staff who returned a questionnaire commented:

"I think the care is very effective especially the senior staff always take on board the feedback from the carers on the ground".

The UCO was advised by all of the service users and relatives interviewed that there were no concerns regarding the safety of care being provided by Home Instead. New carers had been introduced to the service user by a regular member of staff or management; 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 UCO by the service users or relatives; examples given included manual handling. All of the service users 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:

- "XXX is very well cared for."
- "Peace of mind for us as we don't live locally."
- "Couldn't complain."

Areas of good practice

It was good to note that the service users' views are sought regularly and that service users can easily contact agency staff to discuss any matters arising.

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.

All of the service users and relatives interviewed by the UCO felt that care was compassionate. The service users and relatives advised that carers treat them with dignity and respect. Service users, as far as possible, are given their choice in regards to meals, personal care and activities.

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

- “Delighted with them.”
- “They’re a lifesaver for us.”
- “Very fortunate with our care.”

The inspector was advised that staff are matched to work with individual service users and that staffing provision is kept under regular review. New staff are introduced to the service user and the agency maintains policies in relation to privacy, dignity, equality and diversity.

Some staff who returned a questionnaire provided the following comments:

- “In my experience compassionate care underpins the practice within Home Instead”.
- “I think during training we are made well aware how important compassion is”.

Areas of good practice

It was good to note that the views of service users are sought regularly and that agency staff allocated to work with individuals following a matching process.

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.

Since registration, the agency has been managed by Mrs Donna Margaret Provan. The agency's maintains a range of up to date policies and procedures in accordance with the minimum standards. A complaints policy was reviewed alongside several records of complaints received by the agency. The inspector was satisfied that the complaints had been handled in accordance with the agency's complaints policy.

The agency has a range of measures in place to gain assurance in relation to the quality of service provision including internal audits and an annual survey. The inspector noted however that the registered person's system for assessing the quality of services provided did not include a monthly monitoring report and this was identified as an area for improvement.

The agency's whistleblowing policy was examined and referenced several agencies to whom concerns about poor practice could be reported. The inspector suggested that the policy is further developed to include contact details of the Trust and NISCC within the whistleblowing policy.

A member of staff who returned a questionnaire commented:

"I feel it is essential that clients have a core of regular carers with whom they can establish a trusting relationship, this is vital within dementia care. I feel office staff manage these dilemmas well".

All of the service users and relatives interviewed confirmed that they are aware of whom they should contact if they have any concerns regarding the service. No complaints were made regarding the service or management.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements and the management of complaints.

Areas for improvement

There was one area for improvement identified and this relates to the completion of a monthly quality monitoring report by the registered person.

	Regulations	Standards
Total number of areas for improvement	0	1

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 Donna Margaret Provan, registered manager and Mrs Lynn Anna Elliot, 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 13 (d)</p> <p>Stated: First time</p> <p>To be completed by: 29 January 2018</p>	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless—</p> <p>(d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>On the day of our inspection, following early feedback from Audrey we added to our Recruitment Process the missing 'Statement of fitness for the work of CAREGiver'. We attach a copy of the statement of fitness and also of the Contents Checklist for CAREGiver office files which has been amended to include the new statement of fitness. We have been signing statements of fitness for each new CAREGiver since 23 October and have updated all current CAREGiver files also.</p>

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

<p>Area for improvement 1</p> <p>Ref: Standard 14.1</p> <p>Stated: First time</p> <p>To be completed by: 29 January 2018</p>	<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>
	<p>Response by registered person detailing the actions taken:</p> <p>The Safeguarding policy for Home Instead Senior Care in Northern Ireland has been updated to better reflect local legislation and the referral pathway. A copy of the new policy is attached and we welcome your feedback.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p> <p>To be completed by : 29 January 2018</p>	<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>
	<p>Response by registered person detailing the actions taken:</p> <p>Recruitment policy and procedure has been updated to ensure local legislation is reflected, including Minimum Standards and Access NI. A copy of the new policy is attached and we welcome your feedback.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 8.11</p> <p>Stated: First time</p> <p>To be completed by: 29 January 2018</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>Response by registered person detailing the actions taken:</p> <p>We attach an example of our monthly monitoring report. We have a regularly scheduled meeting between our Registered Manager and Responsible person (Director) at the start of the month where each area is reviewed in detail. Our KPI report includes a broader set of information and metrics than the suggested RQIA monthly monitoring report, but covers all the areas we need to be monitoring. We've also prepared a signposting document / key (which won't change from month to month) showing where the answers to each section of the RQIA monthly monitoring report can be found. We hope this will adequately meet the need.</p>

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



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