

Unannounced Care Inspection Report 30 September 2019



Home Instead Senior Care

Type of Service: Domiciliary Care Agency
Address: 24 Main Street, Saintfield, BT24 7AA
Tel No: 028 95 609910
Inspector: Heather Sleator

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.

3.0 Service details

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| Organisation/Registered Provider: Elliott Home Care Limited trading as Home Instead Senior Care Responsible Individual: Mrs Lynn Anna Elliott | Registered Manager: Mrs Julia Wade |
| Persons in charge at the time of inspection: Lynn Elliott and Julia Wade | Date manager registered: 22 November 2018 |

4.0 Inspection summary

An unannounced inspection took place on 30 September 2019 from 10.00 to 18.00 hours

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

As a public-sector body, RQIA have duties to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the choices and freedoms associated with any person living in their own home.

The inspection assessed progress with any areas for improvement identified during and since the last care 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 the culture and ethos of the service, listening to and valuing service users, taking into account their views, choice and preferences. Overall there was evidence of good governance arrangements; staff arrangements, supervision and appraisal, management of accidents/incidents and complaints, continuous quality improvement and effective team working.

Areas for improvement were identified regarding; the monthly quality monitoring report (Regulation 23 reports), the annual review of the quality of services provided, the complaints procedure and process and the staff training plan.

A service user said "So far so good, so very good." Many examples of good practice were highlighted and complimented and have been detailed within the body of this report.

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.

The inspector would like to thank the registered manager, service users, relatives and staff of the agency for their co-operation throughout the inspection.

4.1 Inspection outcome

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 1 | 4 |

Details of the Quality Improvement Plan (QIP) were discussed with Lynn Elliott, 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 12 June 2018

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

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 12 June 2018.

5.0 How we inspect

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

- the registration details of the domiciliary care agency
- incident notifications submitted to RQIA since the last care inspection
- unannounced care inspection report and QIP of 12 June 2018
- information and correspondence received by RQIA since the last inspection

During the inspection the inspector spoke to with three service users, two staff and one service user's representative.

At the request of the inspector, the person in charge was asked to display a poster prominently within the agency's registered premises. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; nine responses were received from staff and the responses are included within the body of the report. A questionnaire was also completed and returned to RQIA from a visiting professional.

The inspector requested that the person in charge place a “Have we missed” you card in a prominent position in the agency to allow service users and family members who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No feedback was received.

Ten questionnaires were also provided for distribution to the service users and their representatives; one response was returned from a service user’s representative; analysis and comments are included within the report.

RQIA information leaflets ‘How can I raise a concern about an independent health and social care service’ were also provided to be displayed appropriately in the setting.

The following records were examined during the inspection:

- A range of policies and procedures relating to recruitment, induction, complaints management, safeguarding and incident reporting.
- Three staff recruitment records.
- One staff induction record.
- Staff supervision and appraisal planner.
- Staff training records.
- Staff meeting minutes.
- Monitoring of staffs’ registration with their professional body, the Northern Ireland Social Care Council (NISCC).
- Statement of Purpose.
- Service User Guide.
- Four service users’ records regarding referrals, reviews and quality monitoring.
- Three monthly monitoring reports (submitted post inspection via email).
- Communication records with other professionals.
- Complaints log.
- Compliments log.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 12 June 2018

| 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 15 (12) (b) | The Regulation and Improvement Authority are notified of any incident reported to the police, no later than 24 hours after the registered person- | Met |

| | | |
|--|--|---------------------------------|
| Stated: First time | (i) has reported the matter to the police; or (ii) is informed that the matter has been reported to the police. | |
| | Action taken as confirmed during the inspection: The review of the accident and incident records evidenced that reporting was in accordance with legislative requirements. | |
| Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011 | | Validation of compliance |
| Area for improvement 1 Ref: Standard 11.2 Stated: First time | The registered person shall ensure staff are recruited and employed in accordance with relevant statutory employment legislation. <ul style="list-style-type: none"> registration status with relevant regulatory bodies is confirmed | Met |
| | Action taken as confirmed during the inspection: The responsible individual stated that the responsibility for monitoring staffs registration with their professional bodies had been delegated to a senior manager within the agency. The review of the records evidenced that the system in place was effective. | |

6.2 Inspection findings

6.3 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 staff recruitment policy and procedure details the system for ensuring that all the required staff pre-employment information has been obtained prior to commencement of employment. Documentation viewed by the inspector indicated that there is a robust recruitment system in place to ensure all required checks have been satisfactorily completed prior to staff being provided into service users homes. The inspector examined a sample of four staff personnel records; documentation viewed included details of the recruitment processes and evidenced that pre-employment checks had been completed in line with required regulations.

The inspector noted that arrangements were in place to ensure that staff are registered as appropriate with the relevant regulatory body. The records viewed confirmed that all staff are registered with the Northern Ireland Social Care Council (NISCC). The manager stated that a senior staff member has been delegated the responsibility of monitoring staffs registration with NISCC and the system was effective.

The induction programme for new staff was viewed, which included a detailed induction procedure and support mechanisms in place which is compliant with Regulation 16 (5) (a). Documentation viewed by the inspector contained details of the information provided during the induction period and included a shadowing system with another experienced staff member.

Staff training records were computerised records and the review of the records evidenced that refresher training for this year had, in the majority of cases, to be completed by 31 December 2019. The inspector was informed that dates for staff to complete their training had been scheduled for October and November 2019. The inspector discussed having a structured training plan throughout the year which would negate the need for having to ensure a significant number of staff completed their training by the end of the training year. This has been identified as an area for improvement. The inspector spoke to a staff member and the comments included, "given me plenty of training" and "I'm more than equipped to go and support my clients."

The agency's policies and procedures in relation to safeguarding adults and whistleblowing were reviewed. The 'Adult Safeguarding' policy and procedure provided information and guidance as required; and referenced the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) guidance of July 2015 'Adult Safeguarding Prevention and Protection in Partnership'. The manager is named as the agency's Adult Safeguarding champion, with key responsibilities detailed in their procedure in line with required guidance. The agency's whistleblowing policy and procedure was found to be satisfactory.

The manager with had a clear understanding of their role and responsibility to identify and report actual or suspected abuse, and described their role in relation to reporting poor practice.

A review of safeguarding documentation confirmed that potential concerns were managed appropriately in accordance with the regional safeguarding protocols and the agency's policies and procedures. There had been one safeguarding referral made from the last inspection. The responsible individual stated that the agency was waiting to hear from the adult safeguarding team in the Trust about the outcome.

The inspector was advised by all of the service users and a service user's representative spoken with that there were no concerns regarding the safety of care being provided by Home Instead Senior Care Agency. New carers 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 ensuring that the new carer had knowledge of the required care.

No issues regarding the carers' training were raised with the inspector by the service users or their representatives. 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:

- "I've no complaints."
- "I'm very happy with the support."

- “One hundred percent great, couldn’t do without them.”

The returned questionnaires from a service user’s representative indicated that they were ‘very satisfied’ that the care provided was safe.

The agency’s registered premises include an office and staff facilities which are suitable for the operation of the agency as set out in the Statement of Purpose.

Review of records management arrangements within the agency evidenced that appropriate storage and data protection measures were being maintained in line with GDPR regulations introduced in May 2018.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to: staff recruitment, induction, supervision and appraisal and adult safeguarding.

Areas for improvement

An area for improvement was identified regarding having a more structured staff training plan in place.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 1 |

6.4 Is care effective?

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

The agency’s arrangements for appropriately assessing and meeting the needs of people who use the service were examined during the inspection. The care and support plans reviewed by the inspector had a strong person centred focus, were up to date, and clearly detailed the service users’ needs and how they wished these to be met.

Service user records viewed on the day of inspection included referral information received from the referring Trust. The referrals detailed the services being commissioned and relevant risk assessments. The agency care and support plans and risk assessments completed by staff during their initial service visits contained evidence that service users’ and/or relatives’ views had been obtained and where possible, incorporated.

Feedback received by the inspector from service users, relatives and staff indicated that service users have a genuine influence on the content of their care and support plans.

The inspector noted that the agency has collaborated effectively with a range of professionals in relation to managing complex situations involving the well-being and safety of service users.

A sample of three service user files confirmed that the agency management had carried out care review meetings with service users/relatives to ensure service user needs were being met along with regular contacts by phone and during monitoring visits.

Staff spoken with on the day of inspection confirmed that they were provided with details of the care planned for each new service user or with changes to existing service users' care plans. A staff member commented during the inspection:

- "It's a very supportive organisation."

The inspector was informed by the service users and relatives spoken with that there were no concerns regarding carers' timekeeping or that care had been rushed.

No issues regarding communication between the service users, relatives and staff from Home Instead Senior care were raised with the inspector. Each of the service users and relatives advised that home visits and phone calls have taken place to obtain their views on the service; and that they had received a questionnaire from the agency.

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

- "I did say something once about particular carers not coming back, they (agency) listened to me and the particular staff haven't been back."
- "Good communication, always tell me what's going on."
- "(Staff) very patient, one hundred percent professional."

As part of the home visits the inspector reviewed the agency's documentation in relation to three service users and no issues were identified within the care plans or daily log records. The agency's staff supervision and appraisal policies outline the timescales and processes to be followed. The inspector noted from documentation viewed that the agency maintains a record of individual staff supervisions and appraisals in line with their policies and procedures.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to communication between service users, agency staff and other relevant stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

6.5 Is care compassionate?

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

The inspection sought to assess the agency's ability to treat service users with dignity and respect, and to fully involve service users/their representatives in decisions affecting their care and support. 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.

There were processes in place to promote effective engagement with service users, they include the agency's monthly quality monitoring process; compliments and complaints process; care review meetings and monitoring calls/visits. Reports viewed by the inspector provided evidence that the agency endeavours to regularly engage with service users and where appropriate their representatives in relation to the quality of the service provided.

All of the service users and relatives spoken to by the inspector confirmed that they felt the care was compassionate. The service users and relatives advised that carers treat them with dignity and respect, and care had not been provided in a rushed manner.

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

- "I've three very good girls."
- "So far so good, so very good."
- "Staff bring things to my attention and I've been able to sort things out for my (relative)."

A service user's representative who responded via questionnaire indicated that they were 'very satisfied' that the care was compassionate and commented:

- "The carers bring kindness and compassion and do an excellent job, I am so grateful to them."

Staff spoken with during the inspection confidently demonstrated appropriate knowledge regarding the delivery of compassionate care and described practices supporting individual service user's wishes, dignity and respect.

One staff member commented during the inspection:

- "I'm more than equipped to go and support my clients."

Nine staff responded via questionnaire. Respondents were generally either very satisfied or satisfied that care was safe, compassionate and effective. One respondent was unsatisfied regarding the above domains and two respondents were either undecided or unsatisfied that the agency was well led. Additional comments received included:

- "I think Home Instead do work hard to match their caregivers with clients and strive to provide a good service."
- "Personally I have been very content in my work for Home Instead."
- "Professional and caring and a pleasure to work for."
- "Office could use more organisation and communication for efficiency for both service users and staff benefit."

A questionnaire was returned from a visiting professional. The respondent was satisfied that care was safe and very satisfied that care was compassionate, effective and that the service was well led.

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 |

6.6 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 organisational and management structure of the agency was outlined in the Statement of Purpose; it details lines of accountability. The registered is supported by a team of senior staff who have the responsibility of, for example; scheduling of service users care visits, supervision and spot checks of staff and staff (caregivers) management. The agency's Statement of Purpose and Service User Guide were reviewed. The Statement of Purpose was not dated to evidence that it had been reviewed. This has been identified as an area for improvement.

A range of policies viewed by the inspector were noted to have been reviewed, updated or being updated in accordance with timescales outlined within the minimum standards. Policies and procedures are accessible to all staff in a paper format retained in the office and used by staff daily.

The agency maintains a variety of processes to ascertain and respond to the views of service users such as monthly quality monitoring, review meetings and the annual quality survey. The inspector noted the positive feedback received by the agency following their annual quality review in July 2018. The inspector was informed that the survey for 2019 had been completed for 2019 however the returned questionnaires hadn't been collated. The responsible individual stated that the information would be shared with service users, relatives and staff once collated. A report on the annual quality review of services provided was also not available. Whilst the information for the report had been gathered in other formats by management this report should be a summation of the quality of services provided by the agency in the last twelve months. This has been identified as an area for improvement.

Monthly quality monitoring reports were viewed, post inspection, for July to September 2019. However, the reports were not available on the day of the inspection as they were retained on another personal computer. It is important that these reports are available on the premises so as they can be retrieved easily and updated regarding any points for action. Each report should contain a summary of consultation with service users, their relatives, staff and other professionals and evidenced how any issues arising had been managed. The reports should also include, for example; details of a review of accidents, incidents, staffing arrangements, training undertaken and audits of documentation. The review of the monthly quality monitoring reports submitted by the responsible individual did not evidence that service users and/or service users' representatives had been consulted within the report template. This has been identified as an area for improvement.

The agency maintains and implements a policy relating to complaints and compliments. It was unclear from the review of the complaints record if a satisfactory resolution was gained. This has been identified as an area for improvement.

All of the service users and relatives spoken with confirmed that they are aware of whom they should contact if they have any concerns regarding the service. No concerns regarding the management of the agency were raised during the interviews.

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

- “No hesitation in making my thoughts known if I had to.”
- “I know who to go to if I have any problems.”

A review of incident reports confirmed that potential concerns were managed appropriately in accordance with the agency’s policies and procedures.

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 was able to discuss the ways in which staff development and training enabled staff to engage with a diverse range of service users. Some of the areas of equality awareness identified during the inspection included: effective communication, service user involvement, advocacy, equal care and support and individual person centred care.

The agency collects equality data of service users such as; age, gender, disability, marital status via their trust referral information process.

The agency has regular team meetings in which opportunities were given to share learning. The minutes of these meetings were detailed and informative reflecting effective communication within the team.

The majority of the returned questionnaires from staff members indicated that they were ‘very satisfied’ that the service was well-led.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to quality monitoring and maintaining good working relationships.

Areas for improvement

Areas for improvement were identified regarding the annual review of services provided by the agency, the monthly quality monitoring report (Regulation 23) and the complaints procedure and process.

| | Regulations | Standards |
|--|--------------------|------------------|
| Total number of areas for improvement | 1 | 3 |

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Lynn Elliott, Responsible Individual and Julia Wade, Registered Manager, position, 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 | |
| Area for improvement 1 Ref: Regulation 23 Stated: First time To be completed by: 1 December 2019 | <p>The registered person shall ensure that the monthly quality monitoring report that evaluates the quality of services provided by the agency provides for consultation with services users and their representatives</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken:</p> <ol style="list-style-type: none"> 1. Home Instead's Monthly KPI Report to be separated from a new Regulation 23 Report. By Julia Wade, Registered Manager, Completed 05.11.19 2. Regulation 23 Report to be compiled monthly. By Lynn Elliott, Responsible Person, Monthly on-going. 3. System to collect regular quality data from professionals to be improved. By Julia Wade, Registered Manager. To be in place by 31.12.19 4. Monthly complaints summary to be included in Regulation 23 Report and Monthly KPI Report. By Julia Wade, Registered Manager. Going forward from October report. |
| Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011 | |
| Area for improvement 1 Ref: Standard 12 Stated: First time To be completed by: 1 December 2019 | <p>The registered person shall ensure that a staff training and development plan is written which affords for staff training opportunities throughout the year so as to negate having training condensed into the remaining quarter of the year.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken:</p> <ol style="list-style-type: none"> 1. A written staff training and development plan for the year to be in place. By Mahan Salgado, Head of CAREGiver Experience, Completed 11.11.19 for year end 2019 and 2020, on CAREGiver portal for CAREGivers to book on to. 2. Monthly Training Report to be compiled. By Mahan Salgado, Head of CAREGiver Experience, from November 2019 going forward. Home Instead's Statement of Purpose to be kept under review and evidence to show this is recorded. By Julia Wade, Registered Manager. Update completed 30.09.12. Review to be included in Monthly KPI Report going forward. |
| Area for improvement 2 Ref: Standard 8.7 Stated: First time | <p>The registered person shall ensure that the statement of purpose is kept under review and evidence is present to validate that a review has taken place.</p> <p>Ref: 6.6</p> |

| | |
|--|---|
| <p>To be completed by: 1 December 2019</p> | <p>Response by registered person detailing the actions taken: Home Instead's Statement of Purpose to be kept under review and evidence to show this is recorded. By Julia Wade, Registered Manager. Update completed 30.09.12. Review to be included in Monthly KPI Report going forward.</p> |
| <p>Area for improvement 3</p> <p>Ref: Standard 8.12</p> <p>Stated: First time</p> <p>To be completed by: 1 December 2019</p> | <p>The registered person shall ensure that the quality of services provided is evaluated on an annual basis and follow up action taken. Evidence should be present that key stakeholders have been involved in the process.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: 1. "You said, We did" results, action plan and updates to be provided to stakeholders. By Julia Wade, Registered Manager. First results to be completed by 31.12.19 and updated quarterly going forward.</p> |
| <p>Area for improvement 4</p> <p>Ref: Standard 15</p> <p>Stated: First time</p> <p>To be completed by: 1 December 2019</p> | <p>The registered person shall ensure that the complaints record details not only the nature of the complaint, the investigation of the issues but that the outcome of any investigation is stated and if a satisfactory resolution was gained.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: 1. Existing complaints records to be updated and all new complaints to include outcome and a satisfactory resolution. Monitoring and Complaints Summary Report to be included in Monthly KPI Report and Regulation 23 Report. By Julia Wade, Registered Manager. Existing records updated 06.09.19. Monthly reporting from October going forward..</p> |

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



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