

Unannounced Care Inspection Report 25 January 2018



All Ireland Homecare Limited

Type of Service: Domiciliary Care Agency

**Address: 21 Windmill Business Park, Windmill Road, Saintfield,
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Tel No: 028 9756 8249

Inspector: Kieran Murray

www.rqia.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 (supported living type) which provides personal care (and housing support) to 106 individuals (adults and children) with physical disabilities, learning disabilities in their own homes. Service users receive support and care in relation to their daily living skills and emotional wellbeing and are encouraged to become more independent. The service users are consulted and involved in all decisions associated with their support. They are supported by 35 staff.

3.0 Service details

Organisation/Registered Provider: All Ireland Homecare Limited Responsible Individual(s): Mrs Fiona Gray	Registered Manager: Ms Monica Frances McShane
Person in charge at the time of inspection: Ms Monica Frances McShane	Date manager registered: 04 April 2016

4.0 Inspection summary

An unannounced inspection took place on 25 January 2018 from 10.00 to 17.30.

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

Evidence of good practice was found in relation to:

- staff recruitment
- care reviews
- training and development
- supervision and appraisals

No areas of improvement were identified during this inspection.

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	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms Monica Frances McShane, Registered Manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent pre-registration care inspection dated 01 April 2016

No further actions were required to be taken following the most recent pre-registration inspection on 01 April 2016

5.0 How we inspect

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

- pre-registration inspection report
- record of complaints
- record of notifiable incidents
- correspondence with RQIA

Prior to the inspection the User Consultation Officer (UCO) spoke with one service user and seven relatives, by telephone, between 17 and 20 October 2017 to obtain their views of the service. The service users interviewed have received assistance with the following:

- management of medication
- personal care
- meals
- sitting service
- housework

During the inspection the inspector met with the registered manager, deputy manager, agency coordinator and three staff.

The following records were examined during the inspection:

- a range of care and support plans
- Health and Social Care(HSC)Trust assessments of needs and risk assessments
- care review records
- recording/evaluation of care used by the agency
- monthly monitoring reports
- staff meeting minutes
- staff training records
- records relating to staff supervision
- complaints records
- incident records
- records relating to safeguarding of adults
- induction records
- staff rota information
- recruitment policy
- a range of policies relating to the management of staff
- supervision policy
- induction policy
- safeguarding vulnerable adults policy
- restrictive practice policy
- risk management policy
- incident policy
- whistleblowing policy

- policy relating to management of data
- complaints policy
- statement of purpose
- service user guide

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 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 care inspection dated 1 April 2016

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

6.2 Review of areas for improvement from the last care inspection dated 1 April 2016

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

During the inspection staffing arrangements were reviewed by the inspector. The agency has a recruitment policy in place. The inspector examined a range of staff files which showed that appropriate pre-employment checks had taken place.

The agency's induction programme outlines the induction programme lasting at least four days which is in accordance with the timescales detailed within the regulations. Staff stated that they are required to shadow other staff members during their induction. The inspector spoke to three staff that provided positive feedback regarding how their induction prepared them for their roles and responsibilities and how they felt supported by the other staff and the registered manager.

Staff comments:

- 'The induction was detailed and interesting.'

Staff rotas and feedback from staff indicated that sufficient numbers of staff are available to meet the needs of service users at all times.

- (Agency) 'Sent out letters to service users and their families a month before Christmas asking what their needs were for Christmas so that a rota could be devised to meet the needs of service users.'

The agency's provision for the welfare, care and protection of service users was examined by the inspector. The inspector viewed a policy maintained by the agency in relation to the safeguarding of adults in accordance with the regional guidance 'Adult Safeguarding Prevention in Partnership' July 2015. The inspector received feedback from the registered manager and staff, and reviewed documentation which indicated that safeguarding training provided by the agency includes the information relating to the regional guidance. Staff interviewed on the day of inspection were able to name the agency's safeguarding champion.

The inspector noted that staff were confident regarding their roles and responsibilities in relation to safeguarding issues and clear lines of accountability. On the day of the inspection the inspector noted that there had been a number of safeguarding referrals made since the previous inspection 01 April 2016. These referrals were made appropriately in conjunction with the HSC Trust as evidenced by the inspector.

On the day of the inspection it was unclear if staff had specific training in relation to safeguarding children. Following the inspection the agency forwarded a detailed copy of the training package delivered to agency staff.

Examination of records indicated that a system to ensure that staff supervision and appraisals are planned and completed in accordance with policy has been maintained. The inspector observed the electronic system in place to alert the registered manager as to when staff's supervision and appraisal was due for completion. Staff who spoke to the inspector provided feedback that they had supervision and appraisal in line with policy and procedure; records provided to the inspector confirmed this.

Records of training and staff feedback indicated that staff attend a range of training necessary to meet the needs of service users. The inspector reviewed the training plans which indicated compliance with regulation and standards.

The inspectors received feedback from staff which indicated that they were aware of their obligations in relation to raising concerns about poor practice, and are confident of an appropriate management response.

Agency staff provided feedback which indicated that they had an understanding of the management of risk, and an ability to balance risk with the wishes and human rights of individual service users. The inspector noted that restrictive practices implemented were of the least restrictive nature considered necessary in conjunction with the HSC Trust and were reviewed and evaluated.

On the day of the inspection the inspector reviewed reporting and management of incidents within the agency. There had been a number of incidents since the previous inspection on 01 April 2016; records provided to the inspector confirmed that they were completed in line with the agency policy and procedure.

The inspector noted that the agency had received a number of complaints since the last inspection on 01 April 2016. These were completed in line with the agency policy and procedure.

The inspector noted that evidence of review of service users' needs took place yearly or sooner if required.

The UCO was advised by all of the relatives interviewed that there were no concerns regarding the safety of care being provided by All Ireland Homecare. 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 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 dementia awareness, management of medication and use of equipment. All of the relatives interviewed confirmed that they could approach the carers and office staff if they had any concerns.

Relative's comments:

- "Definitely no problems."
- "It gives me peace of mind."
- "The carers are excellent."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, next of kin contact details, training, supervision and appraisal, adult safeguarding and risk management.

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 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 full nature and range of service provision is laid out in the Statement of Purpose and Service User Guide. The inspector noted a new service user age group receiving support by the agency was not recorded in the Statement of Purpose. Following the inspection the agency forwarded an updated version of the Statement of Purpose to include this service user group.

The inspector reviewed four service users' care and support plans. The inspector was informed that care and support plans are reviewed three monthly or sooner by the registered manager using client satisfaction reviews documentation. The registered manager informed the inspector that multi-disciplinary reviews with the Trust took place on a yearly basis or sooner if needed. The inspector examined documentation for both processes and the records were satisfactory.

The agency maintained recording templates in each service user's home file on which care workers recorded their visits. The inspector examined records and these were satisfactory.

Staff interviewed on the day of the inspection confirmed they were provided with details of care planned for each service user.

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

The UCO was informed by the service users and relatives interviewed that there were 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 are usually introduced to new carers by a regular carer.

No issues regarding communication between the service users, relatives and staff from All Ireland Homecare were raised with the UCO. The service users and relatives advised that home visits and phone calls have taken place as well as questionnaires received from the agency to obtain their views on the service.

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

- "Good communication and support from the office".
- "Absolutely delighted with them".
- "Would recommend them".

Community professional comments:

- "My clients seem very happy with the service".

The quality monitoring system provides a thorough standard of monitoring in accordance with RQIA guidance. Quality monitoring reports included consultation with a range of staff, relatives as appropriate and community keyworkers, and progress on improvement matters. Monthly quality monitoring is undertaken by managers who have a good working knowledge of the service.

Records reviewed in the agency office confirmed that spot checks of staff practice was carried out within service users' homes on a regular basis by the registered manager. Records reviewed by the inspector recorded no concerns regarding staff practice during spot checks and monitoring visits.

The agency maintains communication systems to ensure that staff receive information relevant to the care and support of service users'. The registered manager and staff described effective verbal and written communication systems with the staff team. Staff also advised the inspector that every Friday the registered manager sends all staff a memo to give an update on service delivery over that week.

Examination of documentation and discussion with staff indicated that the agency promotes good working relationships with a range of appropriate professionals when relevant.

It was evident that the agency maintains a range of methods to communicate with and record the comments of service users, including through routinely speaking with service users on a daily basis and being available for discussion. Staff who spoke to the inspector outlined their understanding of service user's choice, dignity, and respect.

Review of team meeting records indicated that team meetings took place on a regular basis; the registered manager and staff who spoke to the inspector verified this and staff also informed the inspector that they could contribute items to the agenda for these meetings. The staff who spoke with the inspector indicated that the staff team is supportive to each other and that staff communication is good.

The inspector reviewed the annual quality report for 2017 which evidenced service user's, relatives, staff, and commissioner feedback. The registered manager advised the inspector that the report was shared with all service users, relatives, staff and stakeholders.

Advocacy service information was available at the agency for service users to contact if necessary.

The registered manager informed the inspector the desktop computer is available in the agency office for staff to use if required. Policies were also available on file in the agency office.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, spot checks, 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.

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. 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.

Review of records on the day of inspection indicated that service users are fully involved in day to day decisions and routines. It was evident to the inspector that service users had individual plans and goals, which the agency staff were enabling them to progress. The inspector found that the agency has participated in liaison with a range of professionals and agencies to enable service users to make decisions, whilst providing appropriate safeguards.

During the inspection the inspector noted examples of how service user choice was being upheld by agency staff.

It was evident that the agency staff and community keyworkers promote independence, equality and diversity of service users. Service users are encouraged and facilitated to participate in activities in the local and wider community, with appropriate staff support.

Observation by the inspector and feedback from service users indicated that staff have developed knowledge of individual service users through careful observation and interaction over time. The inspector noted that the agency had made particular efforts to facilitate service users to achieve goals and participate in activities of their choice.

All of the relatives interviewed by the UCO felt that care was compassionate. The service users and relatives advised that carers treat them with dignity and respect, and care has not been rushed. 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 and questionnaires to ensure satisfaction with the care that has been provided by All Ireland Homecare. Examples of some of the comments made by service users or their relatives are listed below:

- "XXX loves them all".
- "Very polite".
- "They're like friends. We both look forward to them coming".

Staff comments:

- "We try as far as possible to keep it consistent".

Community key professional comments:

“I would like to thank your staff for the care and compassion they provided with such a professional manner to a lady who was end of life. XXX and XXX are a great example of how we in healthcare should act on a daily basis and I look forward to hopefully working with them both in the near future”.

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 examined management and governance systems in place to meet the needs of service users. It was noted that robust systems of management and governance established have been implemented at the agency. The day to day operation of the agency is overseen by the registered manager. The management structure of the agency is clearly defined and was well understood by staff.

Staff provided positive feedback to the inspector regarding effective working relationships within the staff team and with managers.

The inspector viewed evidence of a systematic approach to reviewing information with the aim of improving safety and quality of life for service users. This includes the agency’s governance of risk, which comprises of appropriate policies and procedures; regular audit of adverse incidents, including safeguarding incidents and incidents notifiable to RQIA; and service improvement strategies implemented by the senior management team. On the day of the inspection it was noted that all incidents and safeguarding referrals were managed according to policy and procedure.

The agency operates a robust training system and has an appointed safeguarding champion who is available for consultation with staff on training and safeguarding issues.

Feedback from staff indicated that they are confident that managers would listen and respond to their concerns.

The agency maintains and implements a policy relating to complaints and compliments; these are recorded and managed in accordance with the agency's policy and procedure.

There are effective systems of formal supervision within the agency. Staff that provided feedback to the inspector were aware of their responsibilities and understood their roles. Written and verbal guidance for staff of their daily roles and responsibilities were available.

Staff could describe how they would respond to concerns about performance of a colleague and knew how to access the whistleblowing policy.

The registered manager informed the inspector that out of hours staff can contact a Senior Care Assistant who in turn has access to both the registered manager and deputy manager should the need arise.

An annual report is completed by the agency and is available on the noticeboard within the agency.

The agency maintains a robust quality monitoring system which provides a thorough standard of monitoring in accordance with RQIA guidance.

The inspector reviewed the following audits, client satisfaction questionnaires and AccessNI Code of Practice Audit December 2016, both with positive outcomes.

On the date of inspection the RQIA certificate of registration was displayed appropriately and was reflective of the service provided.

Feedback provided to the inspector indicated that there are effective collaborative working relationships with key stakeholders and families, which are valued by staff.

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

Staff comments:

- "All the team here are brilliant".

Community keyworker's comments:

- "I speak with XXX on a weekly basis and always very professional".

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

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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