

# Unannounced Care Inspection Report 10 September 2018



## All Ireland Homecare Limited

**Type of Service: Domiciliary Care Agency**

**Address: 21 Windmill Business Park, Windmill Road, Saintfield,  
BT24 7DX**

**Tel No: 028 9756 8249**

**Inspector: Lorraine O'Donnell**

[www.rqia.org.uk](http://www.rqia.org.uk)

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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

All Ireland Homecare is a domiciliary care agency which provides personal care and support to 100 individuals with a range of needs including older persons, people with dementia, physical disability and learning disability in their own homes.

### 3.0 Service details

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

### 4.0 Inspection summary

An unannounced inspection took place on 10 September 2018 from 09.45 to 14.45.

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
- governance arrangements
- training and development
- staff supervision and appraisals
- service user involvement

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
<b>Total number of areas for improvement</b>	0	0

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

### 4.2 Action/enforcement taken following the most recent care inspection dated 25 January 2018

No further actions were required to be taken following the most recent inspection on 25 January 2018.

## 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
- 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 User Consultation Officer (UCO) spoke with seven relatives, by telephone, between 14 and 20 September 2018 to obtain their views of the service. The service users spoken to informed the UCO that they receive assistance with the following:

- Personal care
- Management of medication
- Meals
- Respite Sitting service

Feedback received by the inspector and the UCO 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 and relatives who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision.

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 25 January 2018**

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

### **6.2 Review of areas for improvement from the last care inspection dated 25 January 2018**

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.**

The agency's registered premises are located at 21 Windmill Business Park, Windmill Road, 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 contained evidence that staff members' registration applications with Northern Ireland Social Care Council (NISCC) had been followed up in a timely manner.

The support manager outlined the system in place to prompt the follow up required to ensure staffs NISCC application and/or renewal of registration are reviewed.

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.

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 staff from another domiciliary care agency, 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 received supervision in accordance with the agency's policies and procedures. 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 agency did not have any safeguarding referrals since the previous inspection.

The UCO was advised by all of the relatives spoken with that they had no concerns regarding the safety of care being provided by All Ireland Homecare. New carer workers are usually 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 care workers had knowledge of the required care.

No issues regarding the carer workers' practice were raised with the UCO by the service users or relatives; examples of care given included manual handling and management of medication. All of the service users and relatives spoken to confirmed that they could approach the carers and office staff if they had any concerns.

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

- “Consistency is great. They’re like part of the family.”
- “Gives me peace of mind that someone calls regularly with XXX and contacts me if anything is wrong.”
- “Allows XXX to still be independent but someone is checking everything is ok.”

### 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

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 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. 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.

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 the Health and Social Care Trust (HSCT) 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, and 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 UCO was informed by the relatives spoken with that they had no concerns regarding carers' timekeeping or that care has not been provided in a rushed manner. One relative advised of a small number of missed calls from the agency. The inspector discussed this with the manager and the relative. The relative confirmed the service user had not experienced any harm as a result of the missed call. The manager informed the inspector that they have investigated the incident and provided a detailed action plan to address the issue and prevent any reoccurrence. New carers are usually introduced to the service users by a regular member of staff and have been made aware of the care required.

No issues regarding communication between the service users, relatives and staff from All Ireland Homecare were raised with the UCO. Some of the relatives advised that home visits and phone calls have taken place to obtain their views on the service; or that they had received a questionnaire from the agency.

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

- "Good communication between me and the agency."
- "They're flexible to suit our needs."
- "More than happy with the service."

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.

### 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
<b>Total number of areas for improvement</b>	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.



All of the relatives spoken to by the UCO felt that care was provided in a compassionate manner. The relatives advised that carers treat them with dignity and respect, and care has not 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 by the agency through home visits, phone calls and questionnaires to ensure satisfaction with the care that has been provided by All Ireland Homecare. Examples of some of the comments made by relatives are listed below:

- “They have time to chat.”
- “The girls are really lovely.”
- “Everything’s running smoothly. We have three good ladies.”

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.

### 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.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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; they could clearly describe the process for obtaining support and guidance from a senior manager within the organisation.

The agency has a range of policies and procedures noted to be in accordance with those outlined within the minimum standards. 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.

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 service 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, monthly and quarterly 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. 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 raised regarding the agency or management. The manager confirmed the agency had not received any complaints since the last inspection.

During the inspection process the inspector viewed evidence of appropriate staff recruitment, induction, training, supervision and appraisal. The service 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. 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 is supportive and approachable.

The manager stated that all staff are required to be registered with the 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 and support manager provided assurances that the organisation has a 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 support manager were 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 registered person 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.

## 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. The agency had developed several policies relating to a range of equality issues with reference to both staff and service users.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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.



The **Regulation** and  
**Quality Improvement**  
Authority

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](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

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