

# Unannounced Care Inspection Report 28 March 2019



## Provident Healthcare NI

Type of Service: Domiciliary Care Agency  
Address: 2<sup>nd</sup> Floor, Richview Regeneration Centre, Donegall Road,  
Belfast, BT12 6FQ  
Tel No: 028 9508 3306  
Inspector: Bridget Dougan

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 care and support to people living in their own homes. Services provided include personal care, medication support and companionship.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Provident Healthcare NI Ltd  <b>Responsible Individual:</b> Mr Stanley Jasi	<b>Registered Manager:</b> Ms Gwyneth Musekiwa-Muronzi
<b>Person in charge at the time of inspection:</b> Mr Stanley Jasi	<b>Date manager registered:</b> 4 April 2018

### 4.0 Inspection summary

An unannounced inspection took place on 28 March 2019 from 10.30 to 13.30.

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

The inspection assessed progress with any areas for improvement identified 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 systems in place for staff training, supervision, quality monitoring and communication with staff and service users.

Areas requiring improvement were identified in relation to recruitment policies and practices, induction and capturing the views of service users.

Service user representative's comments are included throughout the 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.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	5

Details of the Quality Improvement Plan (QIP) were discussed with Mr Stanley Jasi, 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 30 November 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 30 November 2017.

## 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 inspection report
- record of notifiable events for 2017/2018
- all correspondence received by RQIA since the previous inspection

The following records were examined during the inspection:

- two staff recruitment records
- staff training records
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- two service user records regarding, assessment, care planning, review and quality monitoring
- RQIA registration certificate
- a selection of policies and procedures
- statement of purpose
- service user guide

During the inspection the inspector spoke with the responsible individual.

As part of the inspection, the inspector spoke with one service user representative by telephone, following the inspection, to obtain their views of the service. One domiciliary care worker was also contacted by telephone following the inspection.

The findings of the inspection were provided to the responsible individual at the conclusion of the inspection.

## 6.0 The inspection

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## 6.1 Review of areas for improvement from the most recent inspection dated 30 November 2017

The most recent inspection of the agency was an announced pre-registration care inspection. The completed QIP was returned and approved by the care inspector.

## 6.2 Review of areas for improvement from the last care inspection dated 30 November 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 8.7 <b>Stated:</b> First time	<p>The registered person shall ensure the statement of purpose is reviewed and includes the information listed in section 2 of the Domiciliary Care Agencies Minimum Standards (requirements for registration).</p> <p>Submit updated statement of purpose together with the returned Quality Improvement Plan.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The statement of purpose was reviewed and includes the information listed in section 2 of the Domiciliary Care Agencies Minimum Standards.</p>	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 2.2 <b>Stated:</b> First time	<p>The registered person shall ensure the service user's guide is reviewed and includes the information listed in standard 2.2 of the Domiciliary Care Agencies Minimum Standards. Submit updated service user's guide together with the returned Quality Improvement Plan.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The service user guide was reviewed and includes the information listed in listed in standard 2.2 of the Domiciliary Care Agencies Minimum Standards.</p>	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 8.1 <b>Stated:</b> First time	<p>The registered person shall ensure the complaints policy and procedure is reviewed and meets the requirements of the HPSS Complaints Procedure and is in accordance with the relevant legislation and DHSSPS guidance. Submit amended complaints policy and procedure together with the returned Quality Improvement Plan.</p>	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> The inspector reviewed the complaints policy and procedure and evidenced that it was in accordance with the relevant legislation and DHSSPS guidance.</p>	
<p><b>Area for improvement 4</b> <b>Ref:</b> Standard 14.1 <b>Stated:</b> First time</p>	<p>The registered person shall ensure the adult safeguarding policy and procedure is reviewed and is in accordance with legislation, DHSSPS guidance, regional protocols and procedures issued by Health and Social Services Boards and HSC Trusts. Submit amended adult safeguarding policy and procedure together with the returned Quality Improvement Plan.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> The adult safeguarding policy and procedure was reviewed and found to be in accordance with relevant legislation and regional guidance.</p>	
<p><b>Area for improvement 5</b> <b>Ref:</b> Standard 14.2 <b>Stated:</b> First time</p>	<p>The registered person shall ensure there are written procedures for safeguarding children and young people, consistent with legislation, DHSSPS guidance and regional procedures. Submit child protection policy/procedures together with the returned Quality Improvement Plan.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> The safeguarding children and young people policy and procedure was reviewed and found to be in accordance with relevant legislation and regional guidance.</p>	
<p><b>Area for improvement 6</b> <b>Ref:</b> Standard 8.22 <b>Stated:</b> First time</p>	<p>The registered person shall submit a copy of the agency's indemnity insurance cover. This should be submitted together with the returned Quality Improvement Plan.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> A current indemnity insurance certificate was displayed in the agency.</p>	

## 6.3 Inspection findings

### 6.4 Is care safe?

#### **Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.**

A range of policies and procedures were reviewed relating to staff recruitment and training. These policies and procedures were found to be up to date and generally compliant with relevant regulations and standards. The recruitment policy dated August 2016 stated “a professional reference taken from the current or previous employer is sought. More references are obtained if possible”. This is not compliant with the Domiciliary Care Agencies Minimum Standards, 2011 and an area for improvement was discussed with the responsible individual.

The agency did not have a staff induction policy and an area for improvement has been made in this regard.

The personnel records of two recently recruited staff were reviewed and it was concerning to note that not all the required pre-employment checks had been satisfactorily completed in accordance with the regulations. A full employment history, together with a satisfactory written explanation of any gaps in employment had not been obtained for both staff. The references, which had been obtained for one member of staff, were not linked to the requirements of the job and no reference had been obtained from the applicant’s present or most recent employer. There was no evidence of any references having been obtained for the other member of staff. The responsible individual informed the inspector that two satisfactory references had been obtained and evidence was submitted to RQIA post inspection. An area for improvement under the regulations has been identified.

The responsible individual confirmed all staff had been registered with the NISCC. The responsible individual discussed the system in place to identify when staff were due to renew their registration and provided reassurances that staff are not permitted to work if their NISCC registration has lapsed.

The inspector was unable to evidence that all staff had received a structured induction in line with the timescales outlined within the regulations. There was evidence that staff had completed mandatory training and the responsible individual stated that new staff “shadowed” another domiciliary care worker within the service user’s home for a full day prior to providing care and support to service users. An area for improvement was discussed with the responsible individual that records should be maintained to evidence that staff are provided with an appropriately structured induction lasting a minimum of three full working days.

There were systems in place to monitor staff performance and to ensure that they received support and guidance. There was evidence of one monitoring visit completed by the responsible person since the two new staff members’ commenced employment with the agency in March 2019.

A review of staff training records evidenced that training had been provided in all mandatory areas. Compliance with training was monitored on a regular basis by the responsible individual.

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 safeguarding adults and whistleblowing policies and procedures were reviewed. The safeguarding policy and procedure provided information and guidance in accordance with the regional guidance 'Adult Safeguarding Prevention in Partnership' July 2015 and 'Adult Safeguarding Operational Procedures' September 2016. The agency has an identified Adult Safeguarding Champion. No safeguarding referrals had been made since the agency became operational in March 2019.

Discussion with the responsible individual confirmed that no accidents/incidents had occurred since the previous inspection and systems were in place to ensure any accidents/incidents which may occur in the future are recorded and notified to the HSC Trust in keeping with local protocols.

Review of the environment confirmed that the premises are suitable for the purposes of the agency as set out in their Statement of Purpose.

The inspector was advised by the one relative interviewed that there were no concerns regarding the safety of care being provided by Provident Healthcare NI. The carers provided supervision and assistance during visits to the day centre.

The relative interviewed confirmed that they could approach the management if they had any concerns and these would be dealt with promptly. Examples of some of the comments made by the relative included:

- "staff are very courteous."
- "some changes were made to the staff team, so that we got the perfect match for XX."
- "I am very happy with the carer we have now."

Review of the environment confirmed that the premises are suitable for the purposes of the agency as set out in their Statement of Purpose.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the systems in place for staff training, supervision and appraisal.

### **Areas for improvement**

Four areas for improvement were identified in respect of the recruitment policy, induction policy, evidence of staff induction and pre-employment checks.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	1	3

## 6.5 Is care effective?

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

The full nature and range of service provision was detailed in the Statement of Purpose and Service User Guide. Review of this documentation and discussion with the responsible individual confirmed that the agency intends to provide live-in care to service users in their own homes. A policy and procedure for the provision of live-in care should be developed and shared with staff. An area for improvement has been identified.

The agency's arrangements for appropriately assessing and meeting the needs of the service users were examined during the inspection.

The inspector examined two service users' care records. The records reviewed included information received from the appropriate referring Health and Social Care (HSC) Trust keyworker/professionals and contained relevant information regarding service users and/or their representatives. The referrals contained assessments of need, risk assessments and care plans detailing the care and services to be provided.

The responsible individual advised that care staff complete daily care records which are maintained in the service users' homes. These records are periodically collected and stored at the agency. A system was in place for the quality assurance of the standard of record keeping by care staff.

Discussions with the responsible individual and records viewed evidenced that the agency has systems in place to monitor, audit and review the effectiveness and quality of the service provided to service users. The systems include processes for the review of training, complaints, incidents, safeguarding referrals and in addition audits of service user feedback and documentation. The responsible individual confirmed that he intends to monitor the quality of the service and write a report on a monthly basis. No monthly quality monitoring reports were available for inspection as the service was operational for less than one month.

The agency maintains communication systems to ensure that staff receives information relevant to the care and support of service users'. The responsible individual described effective verbal and written communication systems with the staff team.

Staff interviewed following the 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. Staff interviewed demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their manager if any changes to service users' needs were identified. Staff also demonstrated a clear understanding of their reporting processes if they were running late for a service user visit or had missed a call.

### Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the systems in place to monitor, audit and review the effectiveness and quality of the service.

## Areas for improvement

An area for improvement was identified in respect of a policy for the provision of live-in care.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

### 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 responsible individual confirmed that the views of service users and relatives are sought through home visits, phone calls and questionnaires to ensure satisfaction with the care that has been provided by Provident Healthcare NI. There was evidence from the records reviewed that service users expressed their satisfaction with the services provided. It is recommended that records are kept of the comments made by service users and their representatives regarding the quality of care. An area for improvement has been made.

The relative interviewed by the inspector felt that care was compassionate. They advised that carers treat their relative with dignity and respect, and care has not been rushed. Service users, as far as possible, are given their choice in regards to personal care.

As part of the inspection process, the inspector spoke with one staff member. Some comments received are detailed below:

- “this is a great experience and the communication within the agency is great ”
- “the service users are treated with dignity and respect.”
- “the management of the agency regularly check with service users if they are happy with the service”

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to consultation with staff and service users.

## Areas for improvement

An area for improvement was identified in respect of the records of comments made by service users and their representatives.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

## 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 sought to assess the agency's leadership, management and governance arrangements to meet the assessed needs of service users. The RQIA registration certificate was up to date and displayed appropriately. The organisational structure of the agency and the lines of accountability were outlined within the Statement of Purpose.

The responsible individual advised there were a range of policies and procedures in place to guide and inform staff. A sample of these policies and procedures were viewed during the inspection. The inspector was informed that staff could access the policies and procedures electronically and in paper copy at the agency. A system was in place for the periodic revision of all policies and procedures.

A system was in place to audit the management of complaints. No complaints had been received since the agency became operational in March 2019. The responsible individual demonstrated good awareness of the agency's complaints procedure.

A system was in place to ensure that monthly quality monitoring visits were completed in accordance with Standard 8.11 of The Domiciliary Care Agencies Minimum Standards, 2011. Quality monitoring visits had not yet been completed as the agency was operational for less than a month.

The responsible person advised that the quality of the services provided will be evaluated on at least an annual basis and follow up action taken as necessary. Key stakeholders will be involved in this process and an annual quality review report will be completed.

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 responsible individual was able to discuss the ways in which staff development and training enables staff to engage with a diverse range of service users.

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

- effective communication
- service user involvement
- advocacy services
- equity of care and support
- individual person centred care
- individualised risk assessment

The agency collects equality data on service users such as; age, gender, race, disability, marital status via the HSC Trust referral information.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to the systems in place to monitor the quality of services provided and maintaining good working relationships.

## Areas for improvement

No areas for improvement were identified.

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

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Stanley Jasi, 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 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><b>Area for improvement 1</b></p> <p>Ref: Regulation 13 (d)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless 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><b>Response by registered person detailing the actions taken:</b> As per advice received from the RQIA inspector, The agency has with immediate effect introduced a thorough and robust recruitment process inline with the guidelines set by the DHSSPS</p>

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

<p><b>Area for improvement 1</b></p> <p>Ref: Standard 11.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall review the recruitment policy and procedure and ensure it complies with legislative requirements and DHSSPS guidance.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> A review to our recruitment policy has been done to ensure compliance with the legislative requirements and DHSSPS guidelines and a copy is attached with this QIP.</p>
<p><b>Area for improvement 2</b></p> <p>Ref: Standard 9.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure a staff induction policy and procedure is in place.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> To ensure compliance with the legislative requirements, We have developed an induction policy for our newly appointed staff in-line with the NISSC framework. A copy of the policy has been attached to this QIP</p>
<p><b>Area for improvement 3</b></p> <p>Ref: Standard 12.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that a record is maintained in the agency of the structured orientation and induction completed by all newly appointed staff.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> Based on the feedback received from the RQIA inspector. We have</p>

	implemented a system were by all newly appointed staff have to go through a three day induction including one day of shadowing before they are assigned a shift.
<b>Area for improvement 4</b> <b>Ref:</b> Standard 9.1 <b>Stated:</b> First time <b>To be completed by:</b> 30 April 2019	The registered person shall ensure that a policy and procedure on the provision of live-in care is developed and shared with all relevant staff.  Ref: 6.5  <b>Response by registered person detailing the actions taken:</b> With reference to our plan on providing live-in care, a live-in care policy and procedure has been developed and is attached to the QIP
<b>Area for improvement 5</b> <b>Ref:</b> Standard 1.3 <b>Stated:</b> First time <b>To be completed by:</b> With immediate effect	The registered person shall ensure that records are kept of comments made by service users and their carers/representatives regarding the quality of care and services provided and the actions taken by staff in response to the comments.  Ref: 6.6  <b>Response by registered person detailing the actions taken:</b> As part of our monthly monitoring system. We have set up a folder were comments received from service user and their representatives are kept for our quality control and improvement as well as our regulators (RQIA)

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



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