

# Unannounced Care Inspection Report 01 May 2018



## Rejuveo Homecare Limited

**Type of Service: Domiciliary Care Agency**  
**Address: 46 Orangefield Crescent, Belfast, BT6 9GH**  
**Tel No: 02890704135**  
**Inspector: Aveen Donnelly**

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

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

Rejuveo Homecare Ltd is a domiciliary care agency which provides personal care to twelve people who live in their own homes. The care is commissioned by the Belfast Health and Social Care Trust (BHSCT).

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Rejuveo Homecare Limited  Jill Elizabeth Duncan	<b>Registered Manager:</b> Jill Elizabeth Duncan
<b>Person in charge at the time of inspection:</b> Managing director	<b>Date manager registered:</b> 22 June 2017

### 4.0 Inspection summary

An unannounced inspection took place on 01 May 2018 from 09.30 to 12.30 hours.

Information received by the Regulation and Quality Improvement Authority (RQIA) prior to this inspection included a report that domiciliary care workers had been supplied into service users' homes without the required pre-employment checks being undertaken and that there were deficits in the staff induction and training processes.

The inspection sought to examine the agency's recruitment practices, induction and training records in light of the information received by RQIA. The inspection also sought to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

On the day of inspection the agency was not found to be in compliance with the required regulations in respect of recruitment practices. The domiciliary care workers' induction and training records were not consistently in place and the person in charge was found to require further training in relation to the management of safeguarding incidents. Other areas for improvement related to the service user agreement, record-keeping, the completion of the monthly quality monitoring visits and the fitness of the registered manager. These concerns were discussed with senior management within RQIA and a decision was made to issue a Quality Improvement Plan (QIP) with this report.

During the inspection, the inspector was informed that the agency intended to close. RQIA senior inspector and BHSCT were immediately informed of this decision and arrangements were put in place to ensure the health and welfare of service users was not compromised. The BHSCT commenced the process of allocating the service users to alternative domiciliary care agencies. An application for voluntary cancellation of registration was submitted to RQIA on 21 May 2018.

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

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>	6	2

Details of the Quality Improvement Plan (QIP) were discussed with the managing director, 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 given the assurances provided by the agency regarding the proposed deregistration of the service. This was supported by the actions of the BHSCT in respect of safeguarding service users.

## 4.2 Action/enforcement taken following the most recent care inspection dated 7 June 2017

No further actions were required to be taken following the most recent pre-registration inspection on 07 June 2017.

## 5.0 How we inspect

Prior to inspection the inspector analysed the following records:

- previous inspection report
- intelligence received by RQIA

Specific methods/processes used in this inspection include the following:

- examination of records
- evaluation and feedback to the managing director

As part of the inspection process, the inspector spoke with the managing director two staff members, one service user, six relatives and two HSC representatives. Some comments received are detailed within the body of the report.

The following records were examined during the inspection:

- five staff recruitment records
- staff training records
- staff rosters
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- accident and incident reports
- three service users' records, in respect of care and support plans
- statement of purpose
- service user guide

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 7 June 2017

The most recent inspection of the agency was an announced pre-registration inspection. There were no areas for improvement identified.

## 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 46 Orangefield Crescent, Belfast and were suitable for the purposes of the agency, as outlined in the SOP.

At the time of the inspection, the agency had a registered manager in post, however, the day to day operations of the agency were managed by the managing director, who managed the agency with the support of four care staff. All those consulted with stated that the required staffing levels were generally adhered to. The agency's staffing arrangements were discussed and the inspector was informed that one service user had three missed calls, due to a scheduling error. Once identified by the service user's care manager, this was rectified and the inspector was informed that there had been no adverse impact on the service user as a result. There had been no other missed calls reported. All those consulted with spoke positively in relation to the service provision and quality of care provided. Two staff spoke highly of the staffing arrangements and care delivery.

The inspector reviewed the recruitment files of four current staff members and the file relating to one previously employed staff member. Although the review of the recruitment records confirmed that the required checks had been undertaken with Access NI prior to staff commencing in post, concerns were identified in relation to employment references and gaps in employment histories.

In four of the five records reviewed, only one written reference had been received prior to the staff being supplied into service users' homes. In a second recruitment record, pertaining to a staff member who was no longer in employment with the agency, there were no written references. Where written references had been sought, only two staff had been provided with references from their most recent employer; and in one record the written reference had been provided by a former employer, who had only known the staff member for approximately two weeks.

The record of the staff member, who no longer worked for the agency, did not include an application form. Employment histories were available for the four other staff; however, gaps in employment histories were evidenced in all four records and there was no evidence within the interview notes reviewed, that this had been explored as part of the recruitment process.

Although there was evidence that the staff had completed physical and mental health assessments, as part of the application process, there was no evidence of a statement made by the registered manager/responsible person, that the staff members were fit for the purposes of their role.

Whilst there was evidence within the records reviewed that two staff were registered with NISCC, in one record, there was no evidence that the NISCC register had been checked as part of the recruitment process. The other two staff were within the six month timeframe for registration afforded within NISCC procedures.

An area for improvement has been made in relation to the recruitment processes.

Discussions with two staff confirmed that they had received a three day induction; however, a review of the personnel records confirmed that there was no formal record of this induction process. There was also a lack of evidence within the records reviewed, regarding probationary monitoring/spot checks of staff from when they commenced employment. Assurances were provided that induction records would be retrospectively completed for the staff currently employed. An area for improvement has been made in this regard.

A review of records confirmed that staff training in First Aid and Moving and Handling had been provided by an external training organisation and this was confirmed by the two staff spoken with. Other mandatory training was undertaken through Social Care TV (SCTV). The review of three personnel files identified that certificates of completion were not consistently available. Following the inspection, duplicate certificates were submitted to RQIA by email on 02 and 03 May 2018 and were confirmed as satisfactory. It was also noted in two of the personnel files reviewed that staff members had recently received mandatory training in their previous jobs. Although this training was confirmed as having taken place recently, there was no evidence that Rejuveo had assessed the competency of the staff in relation to the training received. This has been identified as an area for improvement.

The inspector was informed that Jill Duncan, the registered person/manager was the nominated Adult Safeguarding Champion (ASC) for the agency. Despite having completed training on adult safeguarding via Social Care TV, discussion with the person who was in day to day operational control of the agency, identified a lack of knowledge in relation to the regional adult safeguarding protocols. This has been identified as an area for improvement. A review of the accidents and incident reports identified that these had been managed appropriately and had been reported to HSCT representatives, as appropriate.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the staffing arrangements and in relation to the management of accidents and incidents.

## Areas for improvement

Areas for improvement were made in relation to recruitment practices, the induction and training records and in relation to the safeguarding knowledge of the person in charge of the agency.

	Regulations	Standards
<b>Total number of areas for improvement</b>	4	0

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

A review of the daily care records identified that the home visits provided concurred with that detailed in the timetable of care, agreed with the HSC trust. Trust risk assessments and trust care plans were in place and were reflective of the current needs of the service users.

There was evidence of monitoring visits by the registered manager, within the care records viewed. The majority of service user' agreements had been shared with the service users within the required timeframe; however, these were not consistently signed or dated. This has been identified as an area for improvement.

The review of the daily records identified that although there was evidence of care delivery, the standard of record keeping was not in line with best practice. This has been identified as an area for improvement.

All those consulted with, informed the inspector, that they felt communication between the agency staff and the service users and/or their relatives was generally well maintained.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to the agency's engagement with the service users.

## Areas for improvement

An area for improvement was identified in relation to the service user agreements and the standard of record keeping within service users' homes.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

## 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 the service users with dignity and respect; and to fully involve them/their representatives in decisions affecting their care and support.

As part of the inspection, the inspector spoke with, two staff members, one service user, six relatives and two HSC representatives. Some comments received are detailed below:

### Service Users

- "The girls always give me a good laugh, they are very good."

### Staff

- "I have no concerns, we have a good wee team here."
- "I really like it, communication is good."

### Representatives

- "All is good."
- "If Dad is happy, I am happy,"
- "No concerns."
- "They are quite good."
- "They are lovely girls."
- "I have no concerns, they are fine."

### HSC representative

- "I have no major concerns, happy enough and have had no issues with the standard of care."
- "I have no concerns."

### Areas of good practice

Service users and their representatives described the care and support provided in positive terms.

### Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	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 agency's registered premises are located within the home of the registered person. The RQIA registration certificate was up to date and displayed appropriately.

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. Staff consulted with spoke positively in relation to the responsiveness of management. No formal complaints had been made to the agency, regarding the provision of care.

The inspector was advised that the agency operated as a Domiciliary Care Agency, separate from and in addition to a cleaning/befriending service that they also operated. The review of the staffing roster identified that it incorporated the shifts worked by the domiciliary care staff, together with those staff, who worked in the befriending/cleaning service. Whilst the inspector was informed that the staff who were part of the cleaning/befriending service did not provide personal care, the review of the staffing roster was confusing and did not clearly indicate the individual roles, the staff were undertaking. Advice was given by the inspector in this regard.

It was noted that monthly quality monitoring visits had not been undertaken in accordance with regulation 23 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007. There was no other evidence available to demonstrate how the agency intended to evaluate the quality of services. This has been identified as an area for improvement.

The management arrangements were discussed during the inspection and the inspector was informed that the managing director had responsibility for the day to day running of the agency, with some level of oversight by the registered manager/registered provider. It was noted that the managing director was also providing shift cover in addition to his role in managing the day to day operations of the agency. The registered manager was not available during the inspection and the inspector was advised that she only worked in the agency three days per week. The findings of this inspection evidenced that this was impacting on her ability to fulfil her role and responsibilities with reference to the lack of robust governance arrangements. This related particularly to the number of failings identified in the safe and effective domains, together with the absence of any quality monitoring systems. This has been identified as an area for improvement.

The managing director further advised of their intention to close the agency. RQIA senior management and the BHSC were immediately informed of this decision. Arrangements were put in place to ensure the health and welfare of service users was not compromised and the BHSC commenced the process of allocating the service users to alternative domiciliary care agencies. An application for voluntary cancellation of registration was submitted to RQIA on 21 May 2018.

### Areas of good practice

Staff spoken with spoke positively regarding the responsiveness of management.

## Areas for improvement

An area for improvement related to the monthly quality monitoring visits and the fitness of the registered manager.

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	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 the, managing director, 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13 (a)(b)(c)(d)–Schedule 3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately from the date of the inspection</p>	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless—</p> <p>(a)he is of integrity and good character;</p> <p>(b)he has the experience and skills necessary for the work that he is to perform;</p> <p>(c)he is physically and mentally fit for the purposes of the work which he is to perform; and</p> <p>(d)full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</p> <p>Ref: Section 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 16 (5)(a)(b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately from the date of the inspection</p>	<p>The registered person shall ensure that—</p> <p>(a)a new domiciliary care worker (“the new worker”) is provided with appropriately structured induction training lasting a minimum of three full working days; and</p> <p>(b)during that induction training—</p> <p>(i)the new worker is not supplied to a service user unless accompanied by another domiciliary care worker who is a suitably qualified and competent person;</p> <p>(ii)a member of staff (“the staff member”) who is suitably qualified and experienced, is appointed to supervise the new worker;</p> <p>(iii)the staff member (or another suitably qualified and competent person if the staff member is unavailable) will always be available to be consulted while the new worker is on duty; and</p> <p>(iv)subject to the consent of the service user, the staff member makes arrangements to observe, on at least one occasion, the new worker carrying out his duties.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b></p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 16 (5)(a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately from the date of the inspection</p>	<p>The registered person shall ensure that each employee of the agency— (a)receives training which are appropriate to the work he is to perform;</p> <p>Ref: 6.4 and 6.7</p> <p><b>Response by registered person detailing the actions taken:</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 15 (9)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate from the date of the inspection</p>	<p>The registered person shall make arrangements, by training or by other measures, to prevent service users being harmed or suffering abuse or neglect or being placed at risk of harm, abuse or neglect.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b></p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 23 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate from the date of the inspection</p>	<p>The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.</p> <p>Ref: 6.7</p> <p><b>Response by registered person detailing the actions taken:</b></p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 11 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate from the date of the inspection</p>	<p>The registered provider and the registered manager shall, having regard to the size of the agency, the statement of purpose and the number and needs of the service users, carry on or (as the case may be) manage the agency with sufficient care, competence and skill.</p> <p>Ref: 11.1</p> <p><b>Response by registered person detailing the actions taken:</b></p>
<p><b>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 5.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b></p>	<p>The registered person shall ensure that all records are legible, accurate, up to date and signed and dated by the person making the entry.</p> <p>(regarding the records maintained in the homes of service users)</p> <p>Ref: 6.5</p>

Immediate from the date of the inspection	<b>Response by registered person detailing the actions taken:</b>
<b>Area for improvement 2</b> <b>Ref:</b> Standard 4.1 <b>Stated:</b> First time <b>To be completed by:</b> Immediate from the date of the inspection	The registered person shall provide each service user and, if appropriate, his or her carer/representative with a written individual service agreement before the commencement of the service or within five working days of such commencement.  Ref: 6.5
	<b>Response by registered person detailing the actions taken:</b>



A completed Quality Improvement Plan from the inspection of this service has not yet been returned.

If you have any further enquiries regarding this report please contact RQIA through the e-mail address [info@rqia.org.uk](mailto:info@rqia.org.uk)



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