

Inspection Report

7 September 2023



Unique Homecare NI Ltd

Type of service: Domiciliary Care Agency
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Unique Homecare NI Ltd	Registered Manager: Mrs. Kathleen Haskins
Responsible Individual: Mrs. Debra Walton	Date registered: 21 June 2022
Person in charge at the time of inspection: Mrs. Debra Walton	
Brief description of the accommodation/how the service operates: Unique Home Care NI Ltd is a domiciliary care agency conventional type. Staff provide care in line with individual care plans to enable service users to continue to live supported in their own homes. Service users are living with a range of disabilities and reside in the Belfast Health and Social Care Trust (BHSCT) or South Eastern Health and Social Care Trust (SEHSCT) areas.	

2.0 Inspection summary

An announced inspection was undertaken on 7 September 2023 between 9.50 a.m. and 1.45 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), service user involvement and Dysphagia management was also reviewed.

Good practice was identified in relation to service user involvement. There were good governance and management arrangements in place. Further good practice was noted in relation to staff recruitment and monthly monitoring reports.

No areas for improvement were identified.

The inspector would like to thank the person in charge, the service users, Trust representative and staff for their support and assistance in the completion of the inspection

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement.

It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed. This included registration information and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

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

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic survey.

4.0 What did people tell us about the service?

During the inspection we spoke with a number of service users, relatives and staff members.

The information provided indicated that there were no concerns in relation to the agency.

Comments received included:

Service users' comments:

- "The care provided is broad and generally excellent. The company has good ideas. It seems to me the staff are well trained."
- "The staff are invaluable to me. As a care provider, they are hard to beat."

Service users' relatives' comments:

- "I could not recommend Unique highly enough. The care is second to none. The management oversight is excellent. If I raise a problem, it is dealt with immediately. The staff support my relative to have a relationship with their family. Communication from staff and management is spot on."
- "Unique are fantastic. The staff are like part of our family. The care is safe. The company are very organised. They make everything seem very positive and seamless."

Staff comments:

- "I love my job. The care is safe and person centred. My induction was very good. The standard of training is excellent. There are no issues with staffing levels. I'm confident if I raised a concern, it would be dealt with."
- "I'm well supported. We have enough staff on runs. If I have a query or problem, I ring the office and it is dealt with quickly – everyone is really helpful."

HSC Trust representative's comments:

- I have positive experiences with Unique...they are very person centred and flexible when I have gone to them...none of my service users have reported any issues.”

No responses were received to the questionnaires.

A number of staff responded to the electronic survey. The respondents indicated that they were 'very satisfied' that care provided was safe, effective and compassionate and that the service was well led. Written comments included:

- “I think it's amazing that Unique Homecare has the time made available to care for the service users in the way they choose.”
- “Unique for me is the best company for care. It's the best move I've ever made.”
- “Very well led service supporting service users with the right care at the right time. Super supportive management team where nothing is ever too much.”
- “I have worked for Unique for a number of years and have been treated professionally at all times.”
- “Proper care with adequate staffing.”

Several comments raised were discussed with the manager for taking forward within the agency.

5.0 The inspection**5.1 What has this service done to meet any areas for improvement identified at or since the last inspection?**

The last care inspection of the agency was undertaken on 17 November 2022 by a care inspector. No areas for improvement were identified.

5.2 Inspection findings**5.2.1 What are the systems in place for identifying and addressing risks?**

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The agency's annual Adult Safeguarding Position report will be sent to RQIA when completed in January 2024

Discussions with the person in charge established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours and out of hours.

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided.

The person in charge was aware of what incidents should be notified to RQIA. Incidents had been managed appropriately.

Staff were provided with training appropriate to the requirements of their role. Where service users required the use of specialised equipment to assist them with moving, this was included within the agency's mandatory training programme.

A review of a sample of care records identified that moving and handling risk assessments and care plans were up to date.

Care reviews had been undertaken in keeping with the agency's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements.

All staff had been provided with training in relation to medicines management. The person in charge advised that no service users required their medicine to be administered with a syringe. The person in charge was aware that should this be required, a competency assessment would be undertaken before staff undertook this task.

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The person in charge reported that none of the service users were subject to DoLS but that one service user was currently in the process of assessment for a DoLS. The embedding of DoLS practices within the agency will be reviewed as appropriate at the next inspection.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records, it was good to note that service users had an input into devising their own plan of care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review and services users and/or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

5.2.3 What are the systems in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

New standards for modifying food and fluids were introduced in August 2018. Whilst none of the service users had swallowing difficulties, it was positive to note all staff had received training in Dysphagia and how to respond to choking incidents.

5.2.4 What systems are in place for staff recruitment and are they robust?

A review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC). There was a system in place for professional registrations to be monitored by the manager.

There were no volunteers working in the agency.

5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures.

There was a robust, structured induction programme which also included shadowing of a more experienced staff member. New staff members cannot progress through their induction until they successfully complete a competency assessment. Written records were retained by the agency of the person's capability and competency in relation to their job role.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements. We noted one comment from a service user included in a recent report

- "The service is a God send. The staff are so attentive and caring."

The Annual Quality Report was in the process of being compiled. This will be sent to RQIA when complete.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The agency's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. It was positive to note that the agency had received a range of compliments since the last inspection.

Where staff are unable to gain access to a service users home there is an operational policy that clearly directs staff from the agency as to what actions they should take to manage and report such situations in a timely manner.

6.0 Quality Improvement Plan (QIP)/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs. Debra Walton, Registered Individual and Mrs. Kathleen Haskins, Registered Manager as part of the inspection process and can be found in the main body of the report.



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