

Inspection Report

17 November 2022



Unique Homecare NI Ltd

Type of service: Domiciliary Care Agency
Address: 45 Killyleagh Road, Saintfield, BT24 7EH
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

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| Organisation/Registered Provider: Unique Homecare | Registered Manager: Mrs Kathleen Haskins |
| Responsible Individual: Mrs Debra Walton | Date registered: 21/06/2022 |
| Person in charge at the time of inspection: Mrs Kathleen Haskins | |
| Brief description of the accommodation/how the service operates: Unique Home Care NI Ltd Domiciliary Agency endeavors to provide person centered care in a safe, domestic environment. Their objective is to provide care in line with individual care plans to enable service users to continue to live supported in their own homes. | |

2.0 Inspection summary

An unannounced inspection took place on 17 November 2022 between 09.45 a.m. and 11.45.am. 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, Service user involvement, Deprivation of Liberty Safeguarding (DoLS), restrictive practices, Dysphagia and Covid-19 guidance was also reviewed.

Good practice was identified in relation to service user involvement, staff training and the management of complaints, incidents and safeguarding. There were good governance and management arrangements in place.

We noted some of the compliments received by the agency from relatives:

- "Thank you for all the help and care your team gave to my relative."
- "Thanks for taking care of my relative."
- "Thank you for the excellent service."

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 the previous Quality Improvement Plan (QIP), registration information, notifications received, and any other written or verbal information received from service users and relatives.

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 and staff to request feedback on the quality of service provided and this included questionnaires. In addition, an electronic survey was provided to enable staff to feedback to the RQIA.

4.0 What did people tell us about the service?

During the inspection we spoke with service users and staff members.

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

No staff responded to the electronic survey. Service user's questionnaires returned stated they were satisfied with the service comments received:

- "Unique staff are just that! Unique."
- "They are really caring and know how to care for my relative."
- "I'm happy to leave my relative in their care, they just treat them like I do."

Comments received during inspection process

Service users' comments:

- "A good consistent service."
- "They are always and are really good."
- "A first class service."
- "Good communication."
- "I could not recommend them enough."
- "Excellent girls."
- "I can talk to the manager at any time if needed."
- "I'm treated really well and they meet all my needs."

Staff comments:

- "I have regular supervision."
- "All my training is up to date."
- "I had an excellent comprehensive induction and was able to shadow other experienced

staff.”

- “I’m aware of my responsibilities to NISCC as a care worker.”
- “Staff communicate well with each other.”
- “The manager is approachable and has an open door policy.”
- “I have no complaints or concerns.”
- “A very person centred service.”

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 20 January 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 policy and procedures reflected information contained within the DoH’s regional policy ‘Adult Safeguarding Prevention and Protection in Partnership’ July 2015 and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The annual Adult Safeguarding Position report for the agency had been formulated and was reviewed.

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns. Staff could describe the process for reporting concerns including out of hours.

It was noted that staff are required to complete adult safeguarding training during their induction programme and 2 yearly updates thereafter. It was positive to note that the all staff currently being supplied by the agency had completed appropriate adult safeguarding training.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse. They could describe their role in relation to reporting poor practice and their understanding of the agency’s policy and procedure with regard to whistleblowing.

The agency had a system for retaining a record of referrals made to the HSCT Adult Safeguarding Gateway Team (ASGT) in relation to safeguarding matters identified. No adult safeguarding referrals had been made since the last inspection.

Service users who spoke to us stated 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 agency had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

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. The manager stated that where the agency was unable to provide training in the use of specialised equipment, the agency would request this training from the HSCT.

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. We noted some of the comments received during reviews:

- "The service is great and my relative is very fond of the staff."
- "Staff are always compassionate towards me, the service is very well led and I have no concerns or issues."
- "This is an excellent service and nothing seems any bother to staff."
- "All the staff are very good. I have not had any issues and no concerns at present."
- "I could not manager without them, I can express my views to anyone in management."

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

Staff had completed appropriate DoLS training appropriate to their job roles. No current service user were subject to DoLS arrangements.

Staff demonstrated that they had an understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act (MCA). The 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 they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records and through discussions with service users, it was good to note that they 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.

The agency undertakes monthly monitoring calls with service users to obtain their views on the service provided.

Care plans promoted people's independence as far as possible. Staff were encouraged to prompt people to be independent to help them maintain control. Service users and families are

involved in providing their feedback through regular reviews. This helped to ensure service users preferences and views were known and respected.

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

A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs. Staff were familiar with how food and fluids should be modified if required.

No current service users had identified dysphagia needs.

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

Staff recruitment was completed in conjunction with the organisation's Human Resources (HR) department. The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the Regulations and Minimum Standards, before staff members' commenced employment and had direct engagement with service users. Records reviewed evidenced that criminal record checks (Access NI) had been completed for staff.

A review of the records confirmed that all staff provided were appropriately registered with the Northern Ireland Social Care Council (NISCC). Information regarding registration details and renewal dates are retained electronically and was monitored by the manager in conjunction with the organisation's HR department; this system was reviewed and found to be in compliance with Regulations and Standards. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

The manager stated that there are 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?

We reviewed the induction records for staff in accordance with Regulation 16 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and Standard 12 of The Domiciliary Care Agencies Minimum Standards (revised) 2021. 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 are competent to carry out the duties of their job in line with the agency's policies and procedures. There was a robust, structured three day induction programme which also included shadowing of a more experienced staff member and written records were retained.

The agency has maintained for each member of staff, all training, including induction, and professional development activities undertaken. The records included the names of those attending the training event, the date(s) of the training.

We discussed with the manager that all NISCC registrants must maintain their registration for as long as they are in practice. This includes renewing their registration and completing Post

Registration Training and Learning.

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

There were monitoring arrangements in place in compliance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. Reports relating to the agency's monthly monitoring were reviewed. The process included engagement with service users, service users' relatives and staff. The reports included details of the review of service user care records; accident/incidents; safeguarding matters; complaints; staff recruitment and training, and staffing arrangements. We discussed with the manager the need to record in the report any actions taken following missed calls. We noted some of the comments received during quality monitoring.

Service users:

- "Excellent could not be happier, love the service and the girls."
- "Services are very well organised and delivered."
- "Good service and the staff are great."

Relatives:

- "I would recommend them any day."
- "This is a god send or us we are delighted."
- "Happy with the service no issues."

Staff:

- "I enjoy being part of a team."
- "I have a good relationship with my client and their family."
- "Just very happy in my role and enjoying it."

The manager stated that there are no Serious Adverse Incident (SAI) investigations ongoing.

The agency's registration certificate was displayed appropriately. Certificates of public and employers' liability insurance were up to date and displayed appropriately.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. It was noted that a small number of complaints had been received since the last inspection and had been managed in accordance with the organisation's policy and procedures and were reviewed as part of the agency's monthly quality monitoring process.

There was a system in place to ensure that records were retrieved from discontinued packages of care in keeping with the agency's policies and procedures.

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 the manager as part of the inspection process and can be found in the main body of the report.



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