

Inspection Report

20 January 2021



Unique Homecare NI Ltd

Type of service: Domiciliary Care Agency
Address: 71 Church Road, Moneyreagh, BT23 6BA
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www.rqia.org.uk

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 Debra Walton
Responsible Individual: Mrs Debra Walton	Date registered: 04/04/2018
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 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 announced inspection was undertaken on 20 January 2022 between 09.00 a.m. and 11.30am by the care inspector.

This inspection focused on staff recruitment, Northern Ireland Social Care Council (NISCC) registrations, adult safeguarding, incident reporting, complaints and whistleblowing. Other areas reviewed included Deprivation of Liberty Safeguards (DoLS), Dysphagia, the monthly quality monitoring process and Covid-19 guidance.

Good practice was identified in relation to recruitment and appropriate checks being undertaken before staff were supplied to service users. There was evidence of robust governance and management oversight systems in place. Good practice was found in relation to system in place of disseminating Covid-19 related information to staff.

It was good to note some of the compliments received by the agency:

- “Thank you for the excellent service.”
- “Thanks for making it possible for **** to be in *** own home.”
- “A pleasant and courteous manner.”
- “Thank you for the excellent service.”
- “Nothing but praise for all the carers.”

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the service was 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.

The inspection focused on:

- Contacting the service users and staff to obtain their views of the service
- Reviewing a range of relevant documents, policies and procedures relating to the agency's governance and management arrangements.

Information was provided to service users, relatives, staff and other stakeholders 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 people told us about the service?

There questionnaires were returned and the respondents indicated that they were satisfied that the service provided was safe and effective. Comments received included:

- "Present carers ate excellent."

We spoke with four service users and two staff during the inspection; comments received are detailed below.

Service users' comments:

- "I could not expect better from anyone."
- "Good staff"
- "They always come on time."
- "Vey proficient and professional."
- "No issues."
- "No concerns."
- "Reliable and punctual."
- "Wonderful girls."
- "They are fantastic and go over and beyond."
- "They treat ***** with dignity."

Staff comments:

- "A great service."
- "Good effective induction and I was able to shadow other experienced staff."

- “Good working relationships.”
- “All training is on line and I’m up to date.”
- “Good supportive care to clients.”
- “Good supervision.”
- “Very helpful no issues.”
- “Approachable managers.”
- “Good working arrangements.”
- “It’s important to develop relationships with clients.”

There was no response to the staff electronic survey prior to the issue of this report.

5.0 The inspection

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

The last inspection to Unique Homecare NI Ltd was undertaken on 11 February 2021 by a care inspector. One area for improvement was issued:

Areas for improvement from the last inspection on 11 February 2021		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Regulation 23 (1)&(3)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>(1) 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>(3) The report referred to in paragraph (1) shall be supplied to the Regulation and Improvement Authority within one month of the receipt by the agency of the request referred to in that paragraph, and in the form and manner required by the Regulation and Improvement Authority.</p> <p>This area for improvement relates to seeking views from a representative sample of stakeholders in relation to the quality of service provided to service users.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A number reports had been received by RQIA for review and these were satisfactory. The inspector also reviewed a number in place during the inspection, these were satisfactory.</p>		

5.2 Inspection findings

5.2.1 Are there 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 reflect information contained within the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC). The Adult Safeguarding Position Report for the agency has been formulated and was reviewed by the inspector. This was satisfactory.

Discussions with the manager demonstrated 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 arrangements.

It was identified that staff are required to complete adult safeguarding training during their induction programme and required updates thereafter.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents 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 has a system for retaining a record of referrals made in relation to adult safeguarding matters. Records viewed and discussions with the manager indicated that one referral had been made to HSC Trust adult safeguarding teams since the last inspection, this had been managed appropriately. Adult safeguarding matters are reviewed as part of the monthly quality monitoring process.

Service users who spoke to us stated that they had no concerns regarding their safety; they described how they could speak to the office staff if they had any concerns in relation to safety or the care being provided.

The agency has provided service users with information in relation to keeping themselves safe and the details of the process for reporting any concerns.

There were robust systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. No incidents had been reported since the last inspection.

It was noted that staff have completed appropriate DoLS training appropriate to their job roles. Those spoken with demonstrated that they have an understanding that people who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act. It was noted that no restrictive practices are in place.

It was identified that they agency are not managing individual service users' monies.

There was a clear system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control practices. Staff stated that they receive regular updates with regards to changes in guidance with relating to Covid-19.

5.2.2 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

It was identified that staff have completed training with regard to Dysphagia and Speech and Language Therapist (SALT) swallow assessments and recommendations. There are currently a number of service users who has been assessed by the SALT team in relation to Dysphagia needs and specific recommendations made. It was noted from care records viewed that the service users individual care plans clearly record the care and support required with regard to eating and drinking.

5.2.3 Are their robust systems in place for staff recruitment?

The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, checks are completed before staff members commence direct engagement with service users. Records viewed evidenced that criminal record checks (Access NI) had been completed for staff.

A review of the records confirmed that all staff provided are appropriately registered with NISCC. Information regarding registration details and renewal dates are monitored by the manager in conjunction with the organisation's human resources department. Staff spoken with confirmed That they were aware of their responsibilities to ensuring that their registration with NISCC was up to date.

5.2.4 Are there robust governance processes in place?

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 evidence of engagement with service users, relatives and staff. It was positive to note that were negative feedback had been received the details were recorded of the actions taken to resolve the matters raised. We noted some of the comments received during the monthly quality monitoring:

Service users:

- "Excellent service in hard times."
- "Super team staff are always willing."
- "I could not ask for more."

Staff:

- "No problems someone is always there if you need them."
- "I'm confident in looking after my clients."

- “Plenty of support office team are great.”

Relatives:

- “The staff are a godsend.”
- “No issues staff re very good.”
- “Brilliant bunch ewe can call them at any time.”

The reports included details of the review of service user care records; accident/incidents; safeguarding matters; complaints; staff recruitment and training, missed calls, NISCC registration and staffing arrangements. It was noted that an action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that identified matters had been addressed.

There is a process for recording complaints in accordance with the agency’s policy and procedures. It was noted that a number of complaints had been received since the last inspection. These had been managed in accordance with the policy and procedures and are reviewed as part of the agency’s monthly quality monitoring process. Complaints had been resolved to the satisfaction of the complainants.

There was a system in place to ensure that staff received supervision and training in accordance with the agency’s policies and procedures.

It was established during discussions with the manager that the agency had not been involved in any Serious Adverse Incidents (SAIs) Significant Event Analyses (SEAs) or Early Alerts (EAs) since the last inspection.

The discussions with staff and review of service user care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users’ health and social care needs were met.

6.1 Quality Improvement Plan/Areas for Improvement

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

6.2 Conclusion

Based on the inspection findings and discussions held RQIA are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the manager/management team.



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