

Unannounced Follow Up Care Inspection Report 11 February 2021



Unique Homecare NI

Type of Service: Domiciliary Care Agency
Address: 71 Church Road, Moneyreagh, BT23 6BA
Tel No: 028 9752 8855
Inspector: Jim McBride

www.rqia.org.uk

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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

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.

3.0 Service details

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| Organisation/Registered Provider: Unique Homecare NI Ltd Responsible Individual: Debra Walton | Registered Manager: Debra Walton |
| Person in charge at the time of inspection: Debra Walton | Date manager registered: 4 April 2018 |

4.0 Inspection summary

An unannounced inspection took place on 11 February 2021 from 09.00 to 13.30.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, The Northern Ireland Social Care Council (Social Care Workers Prohibition) and fitness of Workers (Amendment) Regulations (Northern Ireland) 2017 and the Domiciliary Care Agencies Minimum Standards, 2011.

Information received by the Regulation and Quality Improvement Authority (RQIA) prior to this inspection highlighted concerns relating to:

- Induction
- Training
- The use of equipment

Whilst it is not the remit of RQIA to investigate whistleblowing concerns made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care, where RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required.

In light of the concerns received with/to RQIA, the inspection sought to examine the agency's induction process and staff records, training records, individual records relating to the equipment used in people's own homes and the use of PPE.

On the day of inspection we found no evidence to substantiate the reported concerns.

However we did note that there are a number of ways that staff can raise concerns relating to their role and any concerns staff may have relating to service users care Within the agency.

- Training
- Supervision
- Office contact with the coordinators
- Whistleblowing as per policy
- Relevant outside agencies

One area for improvement was highlighted and discussed with the manager that relates to Regulation 23 Monthly quality monitoring reports. The number of stakeholders interviewed is not currently proportionate to the number of service users that the agency now provides care and support to. Nor is it proportionate to the number of staff now employed by the agency. The registered person must expand the number of stakeholders communicated with in order to gain a representative response on the quality of the service provided by the agency.

We would like to thank the manager, staff, service users and relatives for their support and co-operation throughout the inspection process.

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 |
|--|-------------|-----------|
| Total number of areas for improvement | 1 | 0 |

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Debra Walton, manager, 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 2 January 2020

No further actions were required to be taken following the most recent inspection on 2 January 2020.

5.0 How we inspect

Prior to the inspection a range of information relevant to the agency was reviewed. This included the following:

- Information recently received anonymously by RQIA
- The previous inspection report
- Any correspondence or information received by RQIA since the previous inspection

The agency's provision for the welfare, care and protection of service users was reviewed. We viewed the procedures maintained by the agency in relation to the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015.

The agency maintains and implements a policy relating to complaints. On the day of the inspection it was noted that the agency had received no complaints since their previous inspection on 02 January 2020.

Following the inspection we spoke with a representative number of staff, relatives' and service users. Comments are recorded below:

Staff comments:

- "Training and induction was reassuring and informative."
- "One of the best inductions I have had in care work."
- "Really good to work for."
- "Brilliant calls and we never have to rush calls."
- "Everything you could ask for and more as a care worker."
- "Excellent communication."
- "I have good confidence in the agency."
- "Very good training and induction with good staff support."
- "The managers have an open door policy to us all."

Service users and relatives comments:

- "Excellent service no problems."
- "The staff go over and above."
- "Communication is excellent."
- "I'm very happy with the service."
- "I have App access and can check on calls and the plan of care and support."
- "I have no concerns with the service."
- "I often have to communicate with staff and find their approach excellent."
- "A good service."
- "First class staff."

The following records were examined during the inspection:

- Staff rosters
- Daily progress notes relating to service users
- Emails regarding equipment
- NISCC records
- Staff induction records
- Staff training records
- Monthly quality monitoring reports

It was good to note that the agency provide a monthly information newsletter to all staff that includes the following information/topics:

- Useful information
- Human resource update
- Office and admin support
- Stay safe
- Feedback
- Information about starting and finishing calls and recording
- Covid -19 restrictions
- One Plan App information
- Policy update and information including whistleblowing
- How to report a concern

- Staff welfare
- Staff updates

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 2 January 2020

The most recent inspection of the agency was an unannounced care inspection. No areas for improvement were identified.

6.2 Inspection findings

Recruitment Records:

The agency's staff recruitment processes were noted to be managed in conjunction with the agency's human resources department. Review of records confirmed that there was a system in place to ensure that relevant pre-employment checks with Access NI had been undertaken prior to employment. Discussions with the manager identified that they were knowledgeable in relation to safe recruitment practices in accordance with Regulation 13, Schedule 3 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and Standard 11 of the Domiciliary Care Agencies Minimum Standards 2011 which relate to Access NI.

We reviewed a number of staff recruitment files and records in place meet all current guidance.

The Northern Ireland Social Care Council (NISCC) records reviewed confirmed all staff are currently registered or awaiting registration with NISCC. Information regarding registration details and renewal dates are monitored by the manager. The manager confirmed that all staff are aware that they are not permitted to work if their NISCC registration has lapsed.

Care Records:

We reviewed several service users care plans. These described the care and support required for individuals and included:

- Referral information
- Care plan
- Individual action plans
- Risk assessments
- Reviews
- Daily log care notes

The agency use an electronic system of care planning "One Plan", these individual plans are open to staff for daily recording whilst on calls and can be updated by care coordinators with any required changes. It was good to note that via the App, service users and relatives have access to the records. This was verified by a relative spoken to as part of the inspection.

Staff Training:

The agency's training record demonstrated that there was an ongoing programme of mandatory training for staff, relevant to their roles and responsibilities, which will assure staff know how to keep service users safe. There was evidence that compliance with completing mandatory training was routinely monitored by the manager. Review of a sample of staff training records concluded staff had received mandatory and other training relevant to their roles and responsibilities such as: Covid-19, moving and handling, safeguarding and health and safety working practices. Feedback from staff was positive regarding induction and training provided by the agency with some staff outlining this was enhanced from their previous training experiences with other agencies.

Inductions:

We reviewed records relating to a number of staff inductions. Inductions included a comprehensive range of topics and included shadowing checklists that included:

- Moving and Handling
- Assessment using mechanical aids
- Medication
- Correct use of Personal Protective Equipment
- Record Keeping
- Communication skills

We noted some of the comments received from staff that completed recent inductions:

- "Very friendly and helpful information."
- "The training given was excellent."
- "Training was informative."
- "I will continue good practice at work."
- "I felt supported."
- "This will help me to do my job to the best of my ability."
- "The induction was good."

We discussed the induction process with all staff contacted during the inspection all stated that the induction was good and prepared them for the role.

Quality monitoring:

The agency completes a number of quality monitoring areas that include:

- Telephone monitoring
- Daily checks on the "One plan" system where daily notes are reviewed by coordinators.
- Covid-19 monitoring calls to service users.
- Regular monthly monitoring by an independent reviewer

We reviewed a number of quality monitoring records and found them informative. We noted some of the comments made by service users, staff and relatives:

Service users:

- “The staff have been brilliant working through the virus.”
- “Nothing is ever too much trouble.”
- “I could not thank the girls enough.”

Staff:

- “I feel valued and part of the team.”
- “Very approachable for any support required, regularly from management”
- “I’m given good support during difficult times.”

Relatives:

- “I’m thankful for the support.”
- “I have noted the positive change in my ***.”
- “*** would be lost without unique.”

Use of equipment:

The agency were aware of a piece of equipment in a service user home that was out of use, a trail of records reviewed show that the agency had been in contact with the relatives and a suggested action plan if the equipment was not serviced or replaced, to ensure safety to both staff and the service user.

Areas of good practice

Evidence of good practice was found in relation to Access NI, staff registrations with the Northern Ireland Social Care Council (NISCC) and staff recruitment processes. Good practice was also found in relation to all current Covid-19 guidance and the use of personal protective equipment (PPE) guidelines, Covid-19 education and management including infection prevention and control, (IPC) measures and guidance. Regular monitoring of care and support plans.

Areas for improvement:

One area for improvement was highlighted and discussed with the manager that relates to Regulation 23 Monthly quality monitoring reports.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 1 | 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 Debra Walton, manager, 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

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|--|---|
| <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>Ref: 6.2</p> |
| | <p>Response by registered person detailing the actions taken:</p> |



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