

Inspection Report

2 October 2023



Complete Homecare 24

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: Complete Home Care 24 Ltd	Registered Manager: Ciara Austin
Responsible Individual: Mr Michael Austin	Date registered: Acting
Person in charge at the time of inspection: Ciara Austin	
Brief description of the accommodation/how the service operates: Complete Homecare 24 Ltd is a domiciliary care agency which provides a range of personal care and support to service users living in their own home. Service are provided across the Southern Health and Social Care Trust (SHSCT) area.	

2.0 Inspection summary

An unannounced inspection took place on 28 September 2023 between 09.15 a.m. and 14.30 p.m. The inspection was conducted by a care inspector.

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One area for improvement was identified relating to record access: Regulation 13 & Schedule 3.

Good practice was identified in relation to client involvement, quality monitoring, induction and training.

We noted some of the compliments received by the agency from various sources:

- "Thanks for taking care of my relative."
- "The carers are lovely, chatty and pleasant."
- "Good befriending carers."

The inspector would like to thank the staff and service users for their help and cooperation during the inspection it was much appreciated.

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 any previous areas for improvement identified, registration information, and any other written or verbal information received from service users, staff or the commissioning trusts.

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 staff and service users on how they could provide feedback on the quality of services. This included an electronic staff survey and service user questionnaires.

4.0 What did people tell us about the service?

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

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

Comments received included:

Staff comments:

- "I had a good comprehensive induction and shadowed other staff."
- "I have good supervision and office staff support."
- "All my training is up to date."
- "Good person centred care."
- "I'm registered with NISCC as a care worker."
- "Good staff communication."
- "Staff work well together."
- "The managers have an open door policy."
- "I really enjoy the company and would recommend them to others."
- "Management are a pleasure to deal with."
- "Good communication with service users and relatives."

Service user comments:

- “Great staff.”
- “Smashing girls.”
- “Always on time.”
- “They treat me well.”
- “They provide a great service.”
- “I have no complaints.”
- “They go above all.”

Service users who responded to the questionnaires were satisfied with the service. We noted some of the comments:

- “I find the service to be “absolutely brilliant” - previous care provider was hit and miss but I’m really pleased with this current care and would be “lost without them”.

No staff responded to their questionnaires 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 the last inspection?

The last care inspection of the agency was undertaken on 27 October 2022 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 27 October 2022		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (d) Stated: First time To be completed by: Immediate from the date of inspection	The registered person shall ensure that all staff are appropriately registered with NISCC. Ref: 5.2.4 Action taken as confirmed during the inspection: All actions completed and now meet the regulation.	Met

Area for improvement 2 Ref: Regulation 23 (1) (2) (a) (b) (ii) (c) (4) (5) Stated: First To be completed by: Immediate from the date of inspection	The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.	Met
	Action taken as confirmed during the inspection: All actions completed and now meet the regulation.	

5.2 Inspection findings

5.2.1 What are the systems in place for identifying and addressing risks?

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 was reviewed and found to be satisfactory.

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 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. They could also 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 retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that these are managed appropriately when required.

The manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

Staff were provided with training appropriate to the requirements of their role. We reviewed a number of individual staffs training records that were satisfactory.

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles.

It was positive to note that service users were supported to exercise choice and control in regard to decision making and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in place supported this practice. Service users had the support of a team of staff who were suitably skilled and experienced to meet their assessed needs.

5.2.2 What are the arrangements for promoting service user involvement?

Services users are regularly asked to assess the quality of staff provision as part of the agencies own quality management checks.

We noted some of the comments received:

- “My needs are being met.”
- “Happy with staff.”
- “Happy with the care and support.”
- “Happy no need for changes.”
- “Care package works well.”
- “All the care and support meets my needs.”
- “I always have the same carers, that is excellent for my needs.”

The agency has also completed a comprehensive annual report that was reviewed and was satisfactory.

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

No service users were assessed by SALT or required modified diets, a review of training records confirmed that staff had completed training on Dysphagia and in relation to how to respond to choking incidents. Swallowing awareness training was also completed by staff during First-Aid training.

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

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 are supplied for 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 are appropriately registered with NISCC. Information regarding registration details and renewal dates are monitored weekly by the manager. Staff spoken with confirmed that they were aware of their responsibilities to ensuring that their registration with NISCC was up to date.

However, one area for improvement was issued in relation to recruitment records that would require review and reorganisation in line with regulations.

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. 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. The records included the names and signatures of those attending the training event, the date(s) of the training, the name and qualification of the trainer or the training agency and the content of the training programme.

All 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 Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users, staff and HSC Trust staff. A review of the quality monitoring indicated that all those spoken with were happy with the service provided.

Service users:

- "I have never met better staff."
- "Staff are very pleasant."
- "Staff explain everything before they do it."
- "Good continuity of care."

Staff:

- "Management are brilliant."
- "Supervision helps with understanding."
- "Good management cooperation."
- "Happy with hours."

Relatives:

- "Happy with the care received."
- "Staff treat the whole family with dignity and respect."
- "Happy with the care for my father."
- "Happy with the flexibility."

HSC Staff:

- “The service users report that they are very happy with the care provided.”
- “I have found the agency to have a good understanding of mental health issues.”
- “Good team to work with.”
- “Always happy to help.”

The alphabetical list of staff employed by the agency was up to date as was the service user list.

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. When complaints are received these are appropriately managed and are reviewed as part of the agency’s quality monitoring process.

The agency completed spot checks on staff during service provision to assure themselves of quality care and support to service users.

We noted some of the comments received:

- “xxx is very good with service user and chats throughout the call and has a great working relationship with all her co-workers.”
- “xxx was very good with client chatted throughout the call covered all tasks and checked if anything else was needed before leaving.”
- “Was very good with client and did chat away.”
- “xxx was great with service user observation book and nurse buddy well documented.”

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

There was a protocol in place for reporting any instances where staff are unable to gain access to a service user’s home. In addition to written direction, it is essential that all staff (including management) are fully trained and competent in this area.

6.0 Quality Improvement Plan (QIP)/Areas for Improvement

An area has 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 (revised) 2021.

	Regulations	Standards
Total number of Areas for Improvement	1	0

The area for improvement and details of the QIP were discussed with manager as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan

Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007

Area for improvement 1

Ref: Regulation 13 & Schedule 3

Stated: First time

To be completed from the date of inspection:

13. The registered person shall ensure that no domiciliary care worker is supplied by the agency unless— (a) he is of integrity and good character; (b) he has the experience and skills necessary for the work that he is to perform; (c) he is physically and mentally fit for the purposes of the work which he is to perform; and (d) full and satisfactory information is available in relation to him in respect of each of the matters specified in **Schedule 3.**

SCHEDULE 3 Regulation 13 INFORMATION AND DOCUMENTS REQUIRED IN RESPECT OF DOMICILIARY CARE WORKERS

1. Name, address, date of birth and telephone number.
2. Name, address and telephone number of next of kin
3. Proof of identity, including a recent photograph.
4. Two written references, relating to the person, including a reference from the person's present or most recent employer, if any.
5. Where the person has previously worked in a position which involved work with children or vulnerable adults, verification, so far as reasonably practicable, of the reason why he ceased to work in that position.
6. Evidence of a satisfactory knowledge of the English language, where the person's qualifications were obtained outside the United Kingdom.
7. Details and documentary evidence of any relevant qualifications or accredited training of the person and, if applicable, registration with an appropriate regulatory body.
8. A full employment history, together with a satisfactory written explanation of any gaps in employment and details of any current employment other than for the purposes of the agency.
9. Details of physical and mental health record, including immunisation status.
10. A statement by the registered provider, or the registered manager, as the case may be, that the person is physically and mentally fit for the purposes of the work which he is to perform.
11. Details of any professional indemnity insurance.
12. When Part V of the Police Act 1997 is commenced in Northern Ireland, either— (a) where a certificate is required for a purpose which is prescribed by regulations under section 113B of that Act, an enhanced criminal record certificate issued under that section; or (b) in any other case, a criminal record certificate issued under section 113A of that Act, and an application for either certificate shall be accompanied where applicable by an adult's suitability statement under section 113D of that Act

Response by registered person detailing the actions taken:

A full audit of all staff files to be started immediately.

	<p>Complete Homecare 24 have created new employee checklists in relation to Schedule 3 Regulation 13 - information and documents required in respect of domiciliary care workers. This is to ensure that all information and necessary documentation is in place prior to anyone commencing employment with Complete Homecare 24. The Pre-Employment check list will require the following:</p> <ol style="list-style-type: none"> 1.Name, Address, DOB, Telephone Number 2.Name, Address, Telephone Number of NOK 3.Proof of Identity (including a recent photo) 4.Two written references, relating to the person, including most recent employer if any 5.Previous employment verification, reason ceased to work in that employment 6. Evident of satisfactory knowledge of the English language, where persons qualifications were obtained outside the UK 7.Details and documentary of evidence of relevant qualifications 8. Full employment history 9. Details of physical and mental health record including immunisation status. 10. Statement by registered manager that the person is physically and mentally fit for the purposes of the work which he/she is to perform. 11. Details of professional indemnity insurance. 12.Access NI check. This robust new checking system will ensure all pre-employment checks are up to standard. All documents will be readily available in staff files for inspection.
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