Inspection Report

27 October 2022

Complete Homecare 24

Type of service: Domiciliary Care Agency
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Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider: Complete Home Care 24 Ltd **Responsible Individual:** Mr Michael Austin	**Registered Manager:** Mrs Sheena Fox **Date registered:** 20 January 2022
Person in charge at the time of inspection: Mrs Sheena Fox	
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 27 October 2022 between 10.45 a.m. and 4.45 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, restrictive practices, Dysphagia management and Covid-19 guidance was also reviewed.

Areas for improvement identified related to the monthly quality monitoring reports and the monitoring of staffs' registration with the Northern Ireland Social Care Council (NISCC).

Good practice was identified in relation to staff training, staff supervision and service user involvement.

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 and staff.

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 staff members.

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

Comments received included:

Staff comments:

- "The training is good and lasts over three days during the induction process. I am new and have shadowed the team leader and experienced care workers for two weeks. I can ask for shadowing to be extended on request and when I feel confident then I will be signed off."
- "We have good communication with the professionals involved. We complete moving and handing training and if any of our service user's mobility deteriorates, we would report back to the office and then the social worker would be informed. We do not have any clients with dysphagia needs."

Returned questionnaires indicated that the respondents were satisfied/very satisfied with the care and support provided.

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 15 July 2021 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

<table>
<tr><th colspan="3">Areas for improvement from the last inspection on 15 July 2021</th></tr>
<tr><th colspan="2">Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007</th><th>Validation of compliance</th></tr>
<tr><td rowspan="2">Area for Improvement 1

Ref: Regulation 16 (5) (a)

Stated: First time</td><td>Where an agency is acting otherwise than as an employment agency, the registered person shall ensure that-

(a) a new domiciliary care worker (“the new worker”) is provided with appropriately structured induction training lasting a minimum of three full working days;</td><td rowspan="2">Met</td></tr>
<tr><td>Action taken as confirmed during the inspection:
The inspector reviewed the staff induction records and confirmed compliance with Regulation 16 (5) (a).</td></tr>
<tr><td rowspan="2">Area for Improvement 2

Ref: Regulation 17 (1) (2)

Stated: First time</td><td>The registered person shall ensure that a staff handbook is available for all staff.

Ref: 4.0</td><td rowspan="2">Met</td></tr>
<tr><td>Action taken as confirmed during the inspection:
The inspector reviewed the staff handbook and confirmed compliance with Regulation 17 (1) (2).</td></tr>
</table>

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021		Validation of compliance
Area for improvement 1 **Ref:** Standard 9.1 **Stated:** First time	The registered person shall ensure that there are policies and procedures in place to that direct the quality of care and services. This relates specifically to the updating of the Adult Safeguarding policy with regard to the types of abuse and HSCT adult safeguarding team contact telephone numbers; Updating of the Infection, Prevention and Control (IPC) policy to include Covid-19 guidance; and Devising a policy relating to the management, control and monitoring of the agency.	**Met**
	Action taken as confirmed during the inspection: Review of the policies and procedures relating to Adult Safeguarding, IPC and the management, control and monitoring of the agency confirmed compliance with Standard 9.1.	
Area for improvement 2 **Ref:** Standard 11.4 **Stated:** First time	The registered person shall ensure that staff are issued with a written statement of main terms and conditions prior to employment and no later than thirteen weeks after appointment.	**Met**
	Action taken as confirmed during the inspection: Review of recruitment records confirmed compliance with Standard 11.4. A written statement of the main terms and conditions prior to employment was reviewed.	

Area for improvement 3 **Ref:** Standard 13.2 **Stated:** First time	The registered person shall ensure that policy and procedures detail the arrangements for and frequency of supervision and staff appraisal. This relates specifically to the ensuring that the policy clearly records the frequency of staff supervision.	**Met**
	Action taken as confirmed during the inspection: A review of the completed staff supervision dates confirmed compliance with Standard 13.2.	

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).

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 Health and Social Care (HSC) Trust in relation to adult safeguarding. A review of records confirmed there were no adult safeguarding referrals since the last inspection.

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

The manager reported that none of the service users currently required the use of specialised equipment. The manager was aware of how to source relevant training should it be required in the future.

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.

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.

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 who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the MCA.

Staff had completed appropriate DoLS training appropriate to their job roles. The manager reported that none of the service users were subject to DoLS. Advice was given in relation to developing a resource folder containing DoLS information which would be available for staff to reference.

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 thickening food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI). Whilst none of the service users had swallowing difficulties, the manager was aware that training in Dysphagia could be accessed. The manager advised that all staff had been provided with a booklet on Dysphagia and had completed training on how to respond to choking incidents. The manager also advised that Dysphagia training will now be included in their mandatory training.

5.2.4 What systems are in place for staff recruitment and monitoring professional registration 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.

The system in place for monitoring the professional registration of staff with NISCC was found not to be robust. The matrix held by the manager to monitor professional registration had not been updated to reflect the current status of staff registration. An Area for Improvement has been identified in this regard.

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, three day 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.

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. The manager was advised to discuss the post registration training requirement with staff to ensure that all staff are compliant with the requirements.

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

Review of governance records highlighted that monthly quality monitoring reports lacked sufficient detail to allow for robust managerial oversight, for instance, there was insufficient detail recorded relating to staff registration with NISCC, staff feedback and the views of service users and their representatives. In addition, these reports did not contain a time bound action plan, so as to address any identified deficits. An area for improvement was identified in this regard.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) or Significant Event Audits (SEAs) procedures.

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. No complaints were received since the last inspection.

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.

7.0 Quality Improvement Plan (QIP)/Areas for Improvement

Two areas for improvement have been identified where action is required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

	Regulations	Standards
Total number of Areas for Improvement	2	0

The areas for improvement and details of the QIP were discussed with Mrs Sheena Fox (Registered 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 (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
	Response by registered person detailing the actions taken: Following the inspection on the 27th October 2022 the process we use going forward When staff attend the interview stage for CH24 NISCC is discussed with the interviewer If staff have been in care prior to their interview they are informed to go onto the NISCC Portal and change their details over to CH24 If staff are new to care and they are successful at the interview stage the Assistant Manager/Manager will sit with the staff and go through the registration process with them NISCC is monitiored on a daily baisis by the Manager/ Assistant Manager and audited on a monthly basis.
Area for improvement 2 **Ref:** Regulation 23 (1) (2) (a) (b) (ii) (c) (4) (5) **Stated:** First	The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided. At the request of the Regulation and Improvement Authority, the registered person shall supply to it a report, based upon the system referred to in paragraph (1), which describes the extent

To be completed by: Immediate from the date of inspection	to which, in the reasonable opinion of the registered person, the agency— (a) arranges the provision of good quality services for service users; (b) takes the views of service users and their representatives into account in deciding— (ii) the manner in which such services are to be provided; and (c) has responded to recommendations made or requirements imposed by the Regulation and Improvement Authority in relation to the agency over the period specified in the request. (4) The report shall also contain details of the measures that the registered person considers it necessary to take in order to improve the quality and delivery of the services which the agency arranges to be provided. (5) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives. Ref: 5.2.6
	Response by registered person detailing the actions taken: 8.11 The registered person monitiors the quality of the service in accordance with CH24 written procedures and will complete a monthly report on a monthly baisis This report will summurise the views of the service users/NOK Social Workers and staff about the quality of service provided by CH24 and any actions taken by the responsible person/registered manager to ensure CH24 is being managed in accordance with the minimum standards. The resposible person Michael Austin has appointed a Monitioring Officer who oversees the monthly monitioring to ensure the service users needs are met to a high standard of care

Please ensure this document is completed in full and returned via Web Portal

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