

Unannounced Care Inspection Report 16 August 2017



Healthcare at Home

Type of service: Nursing Agency

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Inspector: Priscilla Clayton

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 What we look for



2.0 Profile of service

Health Care at Home is a nursing agency which supplies nurses to administer chemotherapy and related supported therapies in the patient’s home on behalf of Consultant Oncologists. The agency can provide a wide range of treatments to patients within the National Health Service or private sector.

3.0 Service details

Registered organisation/registered person: Healthcare at Home/Bridget Harrison	Registered manager: Heather Rosemary McNeely
Person in charge of the agency at the time of inspection: Heather Rosemary McNeely.	Date manager registered: 14 August 2008

4.0 Inspection summary

An unannounced inspection took place on 16 August 2017 from 09.30 to 14.10.

This inspection was underpinned by the Nursing Agencies Regulations (Northern Ireland) 2005 and the Nursing Agencies Minimum Standards, 2008.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

One area requiring improvement related to the provision of refresher staff training in regard to the DoH regional adult safeguarding policy. The identification of a safeguarding champion is also necessary.

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	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Heather McNeely, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 04 October 2016.

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 04 October 2016.

5.0 How we inspect

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

- Registration details
- Correspondence
- Care inspection report dated 04 October 2016.
- QIP returned from inspection dated 04 October 2016.
- Notifications

During the inspection the inspector met with the registered manager, clinical operations manager, one agency nursing staff member, and clerical administrator.

The following records were examined during the inspection:

- RQIA registration certificate
- Liability insurance certificate
- Statement of Purpose
- Service user guide
- Accident / incidents
- Complaints
- Audits
- Care records
- Selection of policies and procedures
- Staff supervision programme
- Staff meetings

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

Ten staff questionnaires were provided for distribution to staff and return to RQIA within the timescale. No questionnaires were returned to RQIA.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 04 October 2016

The most recent inspection of the agency was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 4 October 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Agencies Minimum Standards 2008		Validation of compliance
Area for Improvement 1 Ref: Standard 3.3 Stated: First time	The registered provider should ensure all records are available for inspection.	Met
	Action taken as confirmed during the inspection: All records were available in the agency for inspection.	
Area for Improvement 2 Ref: Standard 9.1 Stated: First time	The registered provider should revise the agency's safeguarding to refer to the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) 'Adult Safeguarding Prevention and Protection in Partnership'.	Met
	The registered manager should detail how the new policy will be cascaded down to staff. Action taken as confirmed during the inspection: The agency's policy on safeguarding had been reviewed and revised as recommended. The clinical service manager confirmed that revision of the policy had been discussed at a staff meeting.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The selection and recruitment of staff was discussed with the registered manager who explained the system and process which was in accordance with employment legislation, minimum standards. Access NI checks and Nursing and Midwifery Council (NMC) checks were undertaken before employment would commence. Review of two staff employment records provided evidence that the required documentation and photographic proof were in place as required.

The agency operated an employment check in accordance with their policy dated 27 January 2017. Reference to Care Quality Commission (CQC) was made in this policy. Amendment should be made in this regard.

All newly appointed staff are issued with a job description and terms and conditions of the post.

The registered manager confirmed that only suitably qualified, competent and experienced staff were employed and that there were systems in place to provide professional development, mandatory training, supervision and support to ensure that staff clinical practice is maintained to a high standard.

The agency had a structured induction and training programme for all newly appointed staff. Induction can run for approximately 12 weeks with frequent individual staff reviews held to discuss clinical practice which was rated by the clinical services manager. New staff are shadowed by an appointed mentor until competency is achieved. Comprehensive records of the programme and practice progress were retained in the agency office. Induction documents were signed and dated.

The clinical services manager explained that all treatment regimes are supervised as appropriate by the responsible consultant and are given in compliance with the appropriate protocols.

Review of agency staff mandatory training records confirmed that training was provided with staff attendance recorded. Adult safeguarding training was provided for all new staff during their induction programme. The content of safeguarding training was discussed with the clinical service manager who agreed to ensure that staff were provided update training in the current regional DoH policy and procedures titled "Adult Safeguarding Prevention, Protection in Partnership" (2015) and "Adult Safeguarding Operational Procedures" (2016).

The clinical services manager advised that the named adult safeguarding champion was to be confirmed and that training in the role and responsibilities of the champion would be provided.

The registered manager confirmed that there were no reported safeguarding issues since the previous care inspection.

The agency’s Whistleblowing policy, dated 16 June 2015, had been shared with all staff. One nursing staff member who met with the inspector demonstrated understanding and the necessity to report any concerns regarding poor practice to management.

The clinical service manager explained the arrangements in place to ensure that the agency assesses the needs and requirements of each request for an agency nurse placement. This role is undertaken by the clinical operations manager who, being a qualified nurse, reviews staff previous roles, practice experience and competency and matches the nurse to the requirements of the placement.

All newly referred patients receives information folders which contain the service user guide, welcome letter, hand book, satisfaction questionnaire and listed “on call”, twenty four hour, agency telephone contact numbers.

The agency has systems in place to monitor the performance of new nursing staff. This is undertaken by the clinical operations manager during supervision sessions which are provided on a six to eight weekly basis or more frequently if necessary. Supervision of established staff is provided during six monthly accompanied visits to the placement. Annual staff appraisal is provided with records retained.

The agency is based within an office which accommodates the registered manager, clinical service manager and one administrative staff. The premises is registered by RQIA and deemed suitable for the purposes of the agency as set within the Statement of Purpose.

One staff member who met with the inspector confirmed that the agency provided an excellent service and staff access to policies/procedures, training, supervision and appraisal provided.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal.

Areas for improvement

One area of improvement identified related to review the provision of update training for staff in regard to the current DoH regional adult safeguarding policy. The identification of a safeguarding champion as referred to within the policy is necessary.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

The clinical service manager explained the procedure for recording patient care and treatments both of which are held electronically and in hard copy format. All electronic information is password protected with high security measures in place.

A policy was available to guide staff on safe use of information including creation, storage, retention and disposal of records. Record keeping was considered to be maintained in accordance with Data Protection Act.

The clinical service manager explained how all referred patients have a comprehensive assessment that identifies the actual and potential holistic needs of the patient and their family and their suitable for elements of their treatment/care to be given outside of the hospital setting. Records of treatments are patient held with copies retained electronically at the agency’s office. A clinical evaluation record is made by the nurse each time a visit is made.

The clinical operations manager explained the agency’s systems in place to seek, record, monitor and retain service user comments regarding the quality of care provided. Satisfaction questionnaires were distributed to service users following referral. Completed questionnaires returned are analysed and where necessary action taken to address any issues arising.

Regular audits are undertaken and analysed in respect of care records. Accident/incidents and complaints audits are also undertaken by the agency governance team. Where necessary areas identified for improvement are actioned and re audit undertaken.

The registered person monitors the quality of services on a monthly basis and completes a report. Reports were retained within the agency office and were available for inspection.

The agency has an Operational Quality Team which is based within the organisation’s head office. This team can be contacted by service users to provide positive or negative feedback on the service provided.

Systems to promote effective communication with service users, agency staff nurses and other relevant stakeholders were evident on inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to maintenance of care records, audits and reviews, communication between service users and agency staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The clinical operations manager explained that all new patients referred receive an information pack which details a wide range of information regarding the service. Records of treatment provided are patient held with copies held electronically at the agency office.

Discussions with the clinical operations manager and one nurse and observations made during the inspection indicated that the promotion of values such as dignity, choice and respect, equality and diversity, were embedded in the culture and ethos of the agency.

Agency staff are provided with information in relation to the agency's confidentiality policy during their induction programme. Staff can access this policy and all other policies/procedures electronically.

The performance of agency nurses is monitored by the clinical service manager who undertakes periodic accompanied supervisory visits with the nurse.

The services provided are continually audited by the agency in regard to the quality of the service provided. Patients and their families, consultants, pharmaceutical companies and any other service users are given every opportunity to evaluate the service from a user perspective. Responses received are analysed and contained within the quality report. Responses recorded within records examined indicated a high level of satisfaction with the nursing practice provided.

The agency has arrangements in place for providing information in alternative formats. A direct translation link service is available if translation is required

The inspector was advised that targets are set within Key Performance Indicators (KPI) in which continuous quality improvement objectives are set and measured.

Agency staff are issued with an iPad which enables staff to have direct e-mails from the clinical service manager.

A system is in place to ensure nurses can report any issues or concerns while on duty. The agency has an "on call" system that nurses and patients can access out of hours support.

Data held on staff training provided evidenced that staff receive mandatory and other professional development training as deemed necessary. This was reflected within electronic data reviewed. Training date reminders are sent directly to the nurse via iPad. Nursing staff are not permitted to work until training has been successfully completed.

Formal processes to record and respond to service users' complaints/compliments are maintained through the agency's complaints procedure, monthly monitoring and service user feedback surveys.

One nurse who met with the inspector gave positive feedback in regard to support provided; including supervision; training, resources and the availability of management to provide guidance and support when required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users in the effective modes of communication provided and ongoing quality improvement.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The registered manager is supported in her role at operational level by a clinical operations manager and a team of twelve nursing staff and one clerical administrator. Support at senior management level is provided by the registered provider, Nicholas Conway and organisational support teams including human resource and quality operational and customer care teams.

The registered manager and clinical operations manager are qualified nurses and were available during the inspection. Feedback on the outcome of inspection was given to the clinical operations manager as the registered manager had to attend another appointment.

The organisational and management structure of the agency identifies clear lines of accountability, roles and responsibilities of staff. Staff are provided with job description and staff handbook which details roles and responsibilities.

The agency's management and governance systems and processes to meet the needs of service users and patients were discussed and reviewed.

The agency had a wide range of policies and procedures which are held electronically and accessible to staff via iPad.

There was good evidence of the agency's drive for continuous quality improvement which is reflected throughout this report.

Documentation viewed and discussions held with the clinical services manager indicated that governance arrangements promote the identification and management of risk which included for example; policies and procedures, monitoring of training audits including complaints, accidents/incidents and staff registration status.

The agency's complaints policy and service user guide outlines the procedure in the handling of complaints. Discussion with the registered manager and review of complaints records indicated that complaints were handled in accordance with legislation and minimum standards.

Discussion with the clinical service manager and review of notifications and accident / incident records indicated that these were appropriately managed and recorded. Audits of accidents/incidents are undertaken and when necessary appropriate action is taken to minimise any risks identified.

Staff clinical supervision is provided with the nurse during accompanied visits by the clinical operations manager. Staff supervision schedules were in place. Records of supervision supervisions undertaken and annual appraisal were retained.

Staff meetings are held on a monthly basis with minutes recorded. The clinical service manager also advised that weekly staff “drum beat” meetings are also held to ensure that urgent issues or correspondence can be shared and discussed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	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 Caroline Irwin, clinical operations 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 Nursing Agencies Minimum Standards, 2008.

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 to Agencies.Team@rqia.org.uk for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Agencies Minimum Standards, 2008	
<p>Area for improvement 1</p> <p>Ref: Standard 9.1</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2017.</p>	<p>The registered person shall ensure that staff were provided with update training in the current DoH policy and procedures titled Adult safeguarding Prevention, Protection in Partnership (2015) and Adult Safeguarding Operational Procedures (2016).</p> <p>The identification of an adult safeguarding champion is required.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Healthcare at Home is presently reviewing its Safeguarding training provision and the DoH policy guidance is contained within this.</p> <p>The organisation has two safeguarding Leads (Adult and Children) who are trained to Level 4 standard and we have an external advisor from NHS England who supports more complicated cases.</p> <p>We would be happy to support a Safeguarding champion within the Belfast team and will work with Registered Manager to identify and train suitable candidate</p>

Please ensure this document is completed in full and returned to Agencies.Team@rqia.org.uk from the authorised email address



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