

Announced Care Inspection Report 4 March 2021



Healthcare at Home

Type of Service: Nursing Agency

Address: Units 7 & 15, Holly Business Park, Kennedy Way Industrial Estate, Belfast, BT11 9DT

Tel No: 07730499114

Inspector: Joanne Faulkner

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

Healthcare at home is a nursing agency which supplies registered nurses to provide specialised care and treatments to patients in their own homes.

3.0 Service details

Organisation/Registered Provider: Healthcare at Home Responsible Individual: Mr Nicholas Robin Conway	Registered Manager: Ms Heather Rosemary McNeely
Person in charge at the time of inspection: Ms Heather Rosemary McNeely	Date manager registered: 14 August 2008

4.0 Inspection summary

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in services.

The last care inspection of the agency was undertaken on 24 July 2019. Since the date of the last care inspection, RQIA was informed of any notifiable incidents which had occurred within the agency in accordance with regulations.

Having reviewed the agency's regulatory history, and in the absence of RQIA not being made aware of any specific risk to the patients who receive care from the agency, the decision was made to undertake a remote inspection, to reduce any risk in relation to the spread of Covid-19.

An announced inspection took place on 4 March 2021 from 10.15 to 12.15 hours.

Information was requested to be submitted to RQIA prior to the inspection and this was reviewed by the inspector in advance of the inspection. The inspection focused on discussing aspects of the submitted information, in order to substantiate the information. The inspector contacted stakeholders to obtain their views on the service quality.

We reviewed the dates that criminal records checks (AccessNI) for staff employed by the agency had been completed to ensure that they were in place before staff were supplied to patients. We checked that all staff were registered with the Nursing and Midwifery Council (NMC) and that there was a system in place for ongoing monitoring of staff registration status.

Staff adherence to the Covid-19 Guidance was also reviewed through discussion with a number of staff and patients. In addition, we reviewed Covid-19 related information which had been provided to staff.

The inspection assessed progress with any areas for improvement identified during the last care inspection.

No areas requiring improvement were identified during this inspection.

Evidence of good practice was found in relation to recruitment practices and staff registrations with the NMC. Good practice was also found with regards to Infection Prevention and Control

(IPC); it was evidenced that staff had been adhering to the current Covid-19 guidance on the use of Personal Protective Equipment (PPE).

Those consulted with indicated that they were satisfied with the care provided.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Nursing Agencies Regulations (Northern Ireland) 2005 and the Nursing Agencies Minimum Standards, 2008.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms Heather Rosemary McNeely, registered manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 24 July 2019.

Other than those actions detailed in the Quality Improvement Plan (QIP) no further actions were required to be taken following the most recent inspection on 24 July 2019.

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

5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA in relation to the agency. This included the previous inspection report and QIP, notifiable events, and any written and verbal communication received since the previous care inspection.

Following a review of the information submitted to RQIA, the inspection took place remotely, using video technology, with the manager and the clinical services manager.

During our inspection we focused on contacting the patients, staff and Health and Social Care Trust (HSCT) representatives to obtain their views on the service.

To ensure that the required pre-employment checks were in place before staff visited patients, we reviewed the following:

- Recruitment records specifically relating to Access NI checks and NMC registrations.

We also reviewed IPC procedures to ensure that they were compliant with the current Covid-19 guidance.

We discussed any complaints and incidents that had been received by the agency with the manager and in addition we reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in line with Regulation 20 of The Nursing Agencies Regulations (Northern Ireland) 2005.

RQIA provided information requesting feedback from staff and other stakeholders in relation to the quality of service provided. This included an electronic survey for staff, to feedback to the RQIA.

We would like to thank the registered manager, patients, staff and HSCT representatives for their support and co-operation throughout the inspection process.

6.0 What people told us about this agency

The feedback received indicated that people were satisfied with the current care provided.

During the inspection we spoke with the manager and the clinical services manager, with the use of video technology.

Following the inspection we spoke with a number of registered nurses and patients who indicated that that they were very happy with the care and support provided by the agency. Feedback was also received from HSCT representatives. Comments are detailed below:

Staff

- “I really enjoy it; we get the time to do things. I get job satisfaction.”
- “I can raise issues; my manager is very hands-on; I can ring her about anything.”
- “We have enough PPE, we order via the portal; there is always more than enough.”
- “The registered manager is approachable; I feel relaxed with her and can chat to her.”
- “I have no issues; it is a privilege to care for patients.”
- “The clinical services manager calls us and checks in with us.”
- “Everything is fine, I have no concerns.”
- “This has been an exceptional year and the agency has gone above and beyond the PPE recommendations.”
- “Really good, specialist team.”
- “I have worked here nine years and I love it.”
- “This is a lovely job; we have one to one patient time.”
- “The managers are approachable. The training is excellent; they support us with our revalidation.”
- “We are very patient focussed; the majority of our work is palliative care. We become part of the patient’s family a lot of the time.”
- “We have time to listen.”

Staff spoken with praised the manager and the clinical services manager for their support, approachability and responsiveness.

Patients

- “Everything is brilliant. I mostly have the same nurse, she is great.”
- “I can raise concerns; I have no issues at all.”
- “Staff are in full PPE; masks, gloves aprons.”
- “The nurses are always here on time and they are great.”
- “The service is great; it saves me going away to Antrim.”
- “I have no problems with the staff at all.”
- “Staff are very good and polite.”
- “The nursing staff are absolutely excellent.”
- “The whole thing works extremely well.”
- “Staff are very attentive; they could not be better.”
- “I have regular staff; I have got to know them. Staff will ring to check I am okay. We laugh a lot.”
- “I could report concerns but I have none.”

HSCT representatives

- “My experience with Healthcare at Home has been great of late. I lead the service and prescribe the treatment for these patients (I think total of 14). The patients are very happy with their care and I am confident that the team look after them well. Interactions I've had lead me to believe that the team have robust protocols and engage with me regularly if there are any queries. They've kept me well informed throughout the pandemic too and been flexible when patients have needed changes in treatment regimens.”

Patients and HSCT representatives also responded to an electronic survey. The feedback received indicated that people were satisfied with the current care and support. Comments included:

- “My main connection is with the nursing staff each of whom, without exception, has displayed a professional & caring attitude coupled with tenacity when solving problems as & when they arise. I will be eternally grateful for the love & laughter I have experienced with each of them.”
- “I am very happy with the nurses that come to the house for the infusion.”
- “Very professional team.”
- “Very capable, competent and compassionate staff. Totally professional.”
- “Very high quality nursing and admin team, I am very confident that my patients are well cared for by Healthcare at Home.”

7.0 The inspection

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 10 Stated: First time To be completed by: 30 September 2019	The registered person shall ensure that a system is developed to ensure the views and comments of people who use the services provided by the nursing agency are systematically obtained and acted on in the evaluation and planning of services. Ref: 6.5	Met
	Action taken as confirmed during the inspection: It was identified that the agency has a number of processes in place to ensure that they obtain the views and comments of people who use the service. This includes an annual survey and monthly feedback from patients and their relatives.	

7.1 Inspection findings

Recruitment

Discussion with the manager identified that they were knowledgeable in relation to safe recruitment practices in accordance with Regulation 12, Schedule 2 and Standard 4. The review of the agency's staff recruitment records specifically relating to Access NI checks confirmed that recruitment was managed in accordance with the regulations and minimum standards and completed before staff members commence employment and direct engagement with patients.

A review of the records confirmed that all registered nurses provided by the agency are currently registered with the NMC. We noted that there was a system in place each month for monitoring staff registrations. The manager advised that staff are not permitted to work if their professional registration lapses.

Covid-19

Discussion with the manager and staff identified that they had a good understanding of the procedures to follow whilst providing care to patients and in the event of patients or staff being diagnosed with Covid-19. There was a protocol in place in relation to managing the care of new referrals and in relation to patients who may be discharged from hospital.

Staff had been provided with a range of information with regards to Covid-19 specifically relating to IPC, Covid-19 awareness and environmental cleanliness. This also included guidance on the donning (putting on) and doffing (taking off) of PPE. We noted that information relating to Covid-19 was stored in a folder and accessible for all staff. Staff had also completed training in relation to IPC and Covid-19 awareness. The manager further described how a range of Covid-19 related information was provided as required to staff.

There was a system in place to ensure that IPC procedures were being adhered to. We reviewed records relating to IPC policies, training and use of PPE which were in-line with the guidance. The policies and procedures had been updated to include Covid-19 and were available within the agency.

Staff we spoke with described how they wore PPE for activities that brought them within two metres of the patient. Staff reported that there was a good supply of PPE and arrangements for appropriate safe disposal of PPE. Staff who spoke with us were knowledgeable in the donning and doffing procedures. The patients spoken with confirmed that the staff wore PPE appropriately.

The agency has provided staff with the organisation's hand hygiene policy. Staff stated that there were adequate arrangements to ensure that good handwashing techniques could be adhered to; hand sanitisers where available.

Governance and Management Arrangements

The agency's provision for the welfare, care and protection of patients 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.

On the day of the inspection we were informed that since the last inspection the agency made two referrals to the relevant HSCT Adult Safeguarding team. Discussions with the manager indicated that they had been managed in accordance with the procedures. Staff who spoke to us demonstrated that they had a clear understanding of the actions to be taken with regards to reporting matters relating to allegations of abuse.

We reviewed incidents that had occurred since the previous inspection and noted that the agency had dealt with the incidents in accordance with the required regulations and their own policy and procedures.

The agency maintains a policy relating to complaints and compliments. From discussions with the manager it was identified that no complaints have been received by the agency since the previous inspection. The agency has a process for managing and auditing complaints.

We reviewed the agency's monthly monitoring reports for December 2020 and, January and February 2021; we identified that the process included engagement with the patient's where appropriate their relatives, staff and HSCT representatives. The reports included details of the review of accident/incidents, safeguarding matters, complaints, staffing arrangements which included staff training.

Areas of good practice

Evidence of good practice was found in relation to staff recruitment practices and staff registrations with the NMC. Good practice was found in relation to IPC; staff had been adhering to the current Covid-19 guidance on the use of PPE

Areas for improvement

No areas for improvement were identified during this inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

8.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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