

# Unannounced Care Inspection Report 04 December 2018



## Healthcare at Home

**Type of Service: Nursing Agency**  
**Address: Units 7 & 15, Holly Business Park, Kennedy Way**  
**Industrial Estate, Belfast, BT11 9DT**  
**Tel No: 02890604675**  
**Inspector: Bridget Dougan**

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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**

This is a nursing agency which supplies nurses to provide care and specialised treatment to service users in their own homes.

### 3.0 Service details

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

### 4.0 Inspection summary

An unannounced inspection took place on 4 December 2018 from 13.30 to 17.00 hours.

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. The agency was compliant in respect of the recommendation identified in the previous Quality Improvement Plan.

Evidence of good practice was found in relation to a number of areas of service delivery including staff induction, training, supervision, and communication between service users, staff and other key stakeholders.

Areas requiring improvement were identified including the review of policies, pre-employment checks and the completion of monthly monitoring visit by the registered person.

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
<b>Total number of areas for improvement</b>	<b>0</b>	<b>4</b>

Details of the Quality Improvement Plan (QIP) were discussed with Ms Heather McNeely, registered 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 16 August 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 16 August 2017.

## 5.0 How we inspect

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

- previous inspection report and QIP
- record of notifiable events since the previous inspection
- record of complaints notified to the agency

On the day of inspection the inspector spoke with the manager and the deputy manager.

At the request of the inspector, the manager was asked to display a poster prominently within the agency's registered premises. The poster invites staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. No responses were received prior to the issue of this report.

The following records were examined during the inspection:

- A range of policies and procedures regarding recruitment, induction, staff supervision and appraisal, safeguarding adults, whistleblowing, record keeping, confidentiality and incidents management.
- Statement of purpose.
- Service user guide.
- Three staff members' recruitment records.
- Three staff members' induction records.
- Two staff members' supervision and appraisal records.
- Three staff members' training and competency assessment records.
- Staff Nursing and Midwifery Council (NMC) registration checking process.
- A range of quality monitoring reports.
- Complaints.
- Compliments.
- Incidents.
- Records relating to safeguarding of vulnerable adults.

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 16 August 2017

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 16 August 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Agencies Minimum Standards, 2008		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 9.1 <b>Stated:</b> First time <b>To be completed by:</b> 31 October 2017.	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).  The identification of an adult safeguarding champion is required.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the manager and review of the content of the safeguarding adults training evidenced that staff had been provided with the relevant training.  The responsible person has been identified as the safeguarding champion for the agency.	

### 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 agency is managed by the registered manager with the support of a deputy manager. A team of twelve registered nurses are employed by the agency and provide care and treatment for patients living in their own homes. The manager advised that there are no staff vacancies. An additional nurse has recently been recruited and will commence employment following confirmation of relevant pre-employment checks.

A centralised human resources department oversees the recruitment processes, including the completion of appropriate pre-employment checks. A review of the recruitment records for three registered nurses demonstrated that all the relevant information as outlined in Schedule 2 of The Nursing Agencies Regulations (Northern Ireland) 2005 had been sought and retained with the exception of criminal conviction declarations. An area for improvement has been made in this regard.

The agency's recruitment policy outlines the procedures for ensuring that the required pre-employment checks are completed prior to commencement of employment. The policy was reviewed and it was noted that reference was made to the recruitment team obtaining "one pre-employment reference before a contract of employment is issued". Two satisfactory written references must be obtained before making an offer of employment, in accordance with relevant legislation and Minimum Standards. This was discussed with the manager who confirmed that registered nurses are not provided until all pre-employment checks; including two satisfactory references have been obtained. The recruitment policy should be reviewed and amended accordingly. An area for improvement has been made.

Registered nurses are required to complete an induction and in addition to complete training in a range of mandatory areas prior to their commencement of employment. A record of induction provided to staff is maintained; records viewed outlined evidenced the information and support provided to staff during the induction process.

Records of staff supervision and appraisal indicated that staff had received supervision and appraisal in accordance with the time frames specified in the agency's procedures.

The agency has a system for recording training completed by staff and for highlighting training required; it was noted that the manager will inform registered nurses when training updates are required. The manager stated that registered nurses are not provided with work placements if annual training updates have not been completed.

Review of the safeguarding adults policy, dated 17 November 2017 evidenced that the policy had been reviewed to reflect information contained within the DHSSPS regional policy 'Adult Safeguarding Prevention and Protection in Partnership' issued in July 2015. The responsible person is the identified Adult Safeguarding Champion (ASC).

The manager could describe the procedure for reporting any incidents of suspected, alleged or actual abuse and the mechanism for liaising with the appropriate bodies in relation to any investigation they are required to be involved in. The manager advised that all such incidents are reported to the company's safeguarding care bureau in England, who will support staff and decide on the appropriate course of action, on behalf of the ASC. The manager confirmed that the care bureau operates around the clock; is staffed by registered nurses and has a safeguarding lead on each shift. This procedure was not reflected in the safeguarding policy and it is recommended that the policy is updated accordingly.

Registered nurses employed by the agency are provided with information relating to the agency's safeguarding and whistleblowing policies during their induction. It was identified from discussions and documentation viewed that staff are required to complete adult safeguarding training during their initial induction and in addition an update at least yearly. Training records viewed indicated that staff had completed appropriate training in relation to adult protection.

The manager could describe the procedure for appropriately matching the individual skills of the registered nurses employed to the needs of the service users; this includes the completion of a skills and experience profile during the interview process.

The manager also described the process for appropriately assessing the requirements of individual service users; it was noted that this process also included assessing the knowledge, skills, training, experience and suitability of the nurse to be provided.

A system was in place for monitoring and recording the registration status of nurses with the NMC; the manager described the process for checking the NMC register on a monthly basis to ensure all staff are registered.

The manager confirmed that service user feedback was obtained on an ongoing basis when the deputy manager completes staff supervision and monitoring visits in patients' homes. In addition, service users completed a one-off satisfaction survey shortly after becoming registered with the service. The manager confirmed that a new system had been introduced in November 2018 where a random sample of patients will be selected to complete an annual satisfaction survey. The manager discussed that there are challenges in receiving feedback; however the inspector noted that the agency has made improvements in their pursuit of this information.

The agency's registered premises are suitable for the operation of the agency as described in the Statement of Purpose.

### **Areas of good practice**

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

### **Areas for improvement**

Areas for improvement were identified in respect of the recruitment policy, safeguarding policy and criminal conviction declarations.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	<b>0</b>	<b>3</b>

## 6.5 Is care effective?

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

During the inspection the inspector reviewed that agency's arrangements for appropriately responding to and meeting the needs of people who use the service. Information relating to the nature and range of services provided is outlined within the Statement of Purpose and Service User Guide.

The agency's management of records and information policy details the process for the creation, storage, retention and disposal of records; it was noted from documentation viewed that records are maintained in an organised and secure manner and in accordance with legislation, standards and the organisational policy.

Discussions with the manager and records viewed evidenced that the agency has systems in place to monitor, audit and review the effectiveness and quality of the service provided to service users. The systems include processes for the review of training, complaints, incidents, safeguarding referrals and in addition audits of service user feedback and documentation. This information is provided to Healthcare at Home senior management team in accordance with their governance procedures. The manager confirmed however that a monthly monitoring visit by the responsible person (or someone delegated by them) had not routinely been carried out nor a report completed in accordance with the Nursing Agencies Regulations (Northern Ireland) 2005 and the Nursing Agencies Minimum Standards, 2008. This was communicated to the responsible person following the inspection and they were signposted to further guidance. An area for improvement has been made accordingly.

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

Discussions with the manager indicated that the agency seeks to maintain effective working relationships with service users. The manager stated that service users are informed of the process for contacting the agency to discuss concerns in relation to the competency of nurses provided. The agency has improved their process for obtaining the comments of service users in relation to staff provided.

### Areas of good practice

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

### Areas for improvement

An area for improvement was identified in respect of the monthly quality monitoring visits.

	Regulations	Standards
<b>Total number of areas for improvement</b>	<b>0</b>	<b>1</b>



## 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.**

Discussions with the manager and observations made during the inspection indicated that the promotion of values such as dignity, choice and respect were embedded in the culture and ethos of the organisation.

It was identified that staff are provided with information relating to confidentiality during their induction programme. The agency also has a system for recording training completed and for highlighting when training updates are required.

The agency has processes in place for obtaining the views of service users in relation to staff performance and attitude.

The agency also has on call arrangements in place to ensure that nurses and service users can report concerns they may have regarding a placement or to access support and guidance.

The agency's 'Whistleblowing Policy' outlines the responsibility of staff in highlighting concerns or issues relating to poor practice and the process for raising concerns.

The manager also described the processes for receiving feedback from service users following the provision of staff nurses. Formal processes to record and respond to service user feedback are maintained through the agency's complaints and monthly quality monitoring processes. As previously stated, improvements to these processes have been implemented.

### 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.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	<b>0</b>	<b>0</b>

## 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 inspector reviewed the agency's management and governance systems in place to meet the needs of service users. Ms Heather McNeely was appointed registered manager in 2008. Ms McNeely is also Healthcare at Home's regional clinical operations manager for Northern

Ireland and Scotland. Ms McNelly advised that her role involves travelling to Healthcare at Home head office in Burton on Trent and to Scotland at least one day a week. She is supported in the management of the agency by a deputy manager.

The organisational and management structure of the agency identifies lines of accountability and the roles and responsibilities of staff. It was noted that at the commencement of employment staff are provided with a job description which outlines the responsibilities of their role.

It was identified that the agency has a range of policies and procedures in place, the majority of which were noted to have been reviewed and updated in accordance with the Minimum Standards, relevant legislation and guidelines. Improvements are required to the recruitment and safeguarding policies as discussed previously in section 6.4. Policies and procedures are retained electronically and additionally staff can request these in paper format from the agency's office. The inspector noted that these are also available in the agency's staff handbook.

Records viewed and discussions with the manager indicated that the agency's governance arrangements promote the identification and management of risk. These include provision of relevant policies and procedures; monitoring of training; monthly audit of registration status with the NMC, complaints, safeguarding incidents and incidents notifiable to RQIA.

Whilst the agency have systems in place to monitor the quality of services provided, an area for improvement has been identified in section 6.5, in respect of the monthly monitoring visits and reports.

The Statement of Purpose and Service User Guide are kept under review.

Discussion with the manager indicated that there is evidence of collaborative working relationships with service users. The agency has a process for ensuring that they actively seek feedback from service users when staff have been provided; the inspector viewed feedback received by the agency and noted that they contained a range of positive comments in relation to the service provided.

On the date of inspection the RQIA certificate of registration was displayed appropriately and was reflective of the service provided.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to quality improvement and maintaining good working relationships.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	<b>0</b>	<b>0</b>

## **7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Heather McNeely, registered 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 via Web Portal for assessment by the inspector.

## Quality Improvement Plan

### Action required to ensure compliance with The Nursing Agencies Minimum Standards, 2008

<p><b>Area for improvement 1</b></p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure a criminal conviction declaration has been obtained prior to new staff commencing employment and retained in staff personnel files.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Employment Checks Policy has been reviewed and updated and is available for inspection</p>
<p><b>Area for improvement 2</b></p> <p>Ref: Standard 4.1</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2018</p>	<p>The registered person shall ensure that the recruitment policy has been reviewed and amended to comply with legislative requirements and guidance.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Recruitment Policy now reviewed and updated to reflect RQIA requirements. This is available at inspection</p>
<p><b>Area for improvement 3</b></p> <p>Ref: Standard 9.1</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2018</p>	<p>The registered person shall ensure that the safeguarding adults' policy has been reviewed and amended to reflect current practice.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> The policy reviewed at inspection, is supported by a Standard Operating Procedure, where the detail requested surrounding operating process (including Care Bureau) is contained. This is available for review at inspection</p>
<p><b>Area for improvement 4</b></p> <p>Ref: Standard 1.12</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2018</p>	<p>The registered person shall develop a system which includes a visit to the agency by or on behalf of the registered person to carry out a monthly monitoring visit and report on what they find. The report should include comments from service users, their representatives, staff and professionals who refer people to the agency and any actions taken by the manager to ensure that the nursing agency is being managed in accordance with minimum standards.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> Monthly quality review now in place, reviewing documentation, clinical audits, patient satisfaction and associated themes and learning, staff appraisals, learning and development. This is signed off by Regional Clinical Services Director and reviewed by Responsible Person.</p>

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



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