

# Unannounced Care Inspection Report 4 October 2016



## 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: Maire Marley**

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Healthcare at Home took place on 4 October 2016 from 14.00 to 16.00 hours.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the Nursing Agency was delivering safe, effective and compassionate care and if the service was well led.

### Is care safe?

Healthcare at Home has written procedures in place regarding the recruitment and selection of nurses that ensured staff employed were suitably skilled, competent and qualified. The procedure for pre-employment vetting was clearly outlined in the policy.

The records relating to staff were not available for inspection as the registered manager was on annual leave; however a range of information to be inspected was submitted electronically to RQIA following the inspection. It is recommended that management consider how they will ensure that records required by regulation are available for inspection at all times.

Suitable arrangements were in place to protect service users through identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the service users and HSC Trust representatives. A review of the agency's policy noted that 'Adult Safeguarding Prevention and Protection in Partnership' was not referenced in the policy and requires attention. The registered manager should detail how these new procedures will be cascaded down to the staff team.

Two areas for quality improvement was identified during this inspection in relation to the domain of 'Is care safe?'

### Is care effective?

There was evidence that the agency was contributing to effective care being delivered. Robust arrangements were in place to ensure that the selection of nurses matches the requirements of each placement. Systems were in place to monitor and review the placements of nurses.

Records examined provided evidence of the arrangements in place to promote effective communication with service users.

No areas for quality improvement were identified during the inspection in relation to the domain 'Is care effective?'

### Is care compassionate?

There was evidence that the agency contributed to the delivery of compassionate care. The agency had arrangements in place to communicate, listen and value the views of services users. This was evident from the service users' feedback regarding staff attitudes and the provision of individualised care and support provided by nurses placed by the agency.

No areas for quality improvement were identified during the inspection in relation to the domain 'Is care compassionate?'

## Is the service well led?

The agency has in place robust management and governance systems to meet the needs of service users and ensured that the agency was well led.

It was evident from discussion with an agency nurse and information provided in the returned staff questionnaires that staff have a clear understanding of their roles and responsibilities within the management structure, and have confidence in the lines of accountability. Staff reported that the registered manager fulfils her responsibilities in a manner which encourages the respect of staff and promotes effective service delivery, and ensures that the agency operates in accordance with the regulatory framework.

No areas for quality improvement were identified during the inspection in relation to the domain 'Is the service well led?'

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

### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Caroline Irwin, clinical nurse manager and a senior nurse, 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.

### 1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

### 2.0 Service details

<b>Registered organisation/registered person:</b> Healthcare at Home/Bridget Harrison	<b>Registered manager:</b> Heather Rosemary McNeely
<b>Person in charge of the agency at the time of inspection:</b> Nigel McAllister, Office Administrator	<b>Date manager registered:</b> 14 August 2008

### 3.0 Methods/processes

Prior to inspection the following records were analysed:

- Previous RQIA inspection report
- Records of notifiable events

The following records were viewed during the inspection:

- Monthly quality monitoring reports
- Records relating to staff and training
- Complaints records
- Incident records
- Records relating to safeguarding of vulnerable adults
- Records relating to recruitment process
- Staff induction records
- Induction Policy
- Recruitment Policy
- Matching Skills and Expertise
- Confirmation of NMC Status Policy
- Safeguarding Adults at Risk Policy
- Whistleblowing Policy
- Supervision and Appraisal Policy
- Complaints Policy
- Incident Policy
- Confidentiality Policy
- Evaluation and feedback

During the inspection the inspector met with the office administrator and was informed that the registered manager was on annual leave. The inspector spoke with the clinical manager and a senior clinical nurse by telephone. Ten questionnaires were left to be distributed for completion by staff members. To date four questionnaires have been returned to RQIA.

Feedback received by the inspector during the course of the inspection and from returned questionnaires is reflected throughout this report.

### 4.0 The inspection

Healthcare at Home operate from an office in Belfast. The agency is a provider of specialist homecare nursing services which facilitates early discharge programmes, specialist outpatient treatment services, outreach chemotherapy and a broad range of clinical services within the NHS and private sector.

#### 4.1 Review of requirements and recommendations from the last care inspection dated 24 March 2016

There were no requirements or recommendations made as a result of the last care inspection.

## 4.2 Is care safe?

The agency's recruitment processes were examined during the inspection and included a review of the agency's recruitment and selection procedures; it was noted that these had been subjected to a three yearly review in accordance with Minimum Standard 2.5.

The recruitment policy detailed the arrangements regarding staff pre-employment checks and it was confirmed that the registered manager is actively involved in the recruitment, assessment and placement of all nurses.

The records relating to staff were not available as the registered manager was on annual leave and the records were secured in her office. Management must consider how they will ensure that all records required by regulation are available for inspection.

The agency provides staff with a structured induction and confirmation was provided that records are retained in individual staff files. A senior nurse spoken to during the inspection described the induction provided for new staff, and confirmed that all records are signed by the new member of staff and the staff member responsible for completing the induction.

Each new staff member is provided with a staff hand-book that details the structure of the organisation; information on complaints, whistle-blowing and safeguarding vulnerable adults along with other relevant information.

The agency's supervision and appraisal policy details the timescales and processes for staff supervision and appraisal. Records submitted following the inspection provided evidence of the dates staff had received appraisals and supervision and these were found to be in keeping with the procedures.

The senior nurse could describe the details of the agency's policy for matching appropriately skilled staff to placements; they stated that a staff profile is forwarded to each service user detailing the knowledge, skills and experience of the staff member being supplied. Each nurse had a copy of their profile on file. The agency has a process for checking the NMC register monthly for staff nurses employed and the electronic records viewed were found to be satisfactory.

The agency's safeguarding arrangements were examined electronically and it was noted that safeguarding training has been received by all staff and is included in the staff induction programme. The agency's adult safeguarding policy dated 11 June 2015 was examined. It was noted that the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) 'Adult Safeguarding Prevention and Protection in Partnership' was not referenced in the policy and requires attention. The registered manager should detail how the new policy will be cascaded to staff. The agency has a "Safeguarding Champion" and they assume responsibility for overseeing issues relating to safeguarding.

Arrangements are in place for the agency to obtain the views of service users. These arrangements include obtaining service users' views on the nurses provided and their competency. The office administrator and the senior nurse discussed these arrangements and described the process for engaging with service users monthly in order to obtain their feedback. The feedback is then populated in a graph format.

The agency analyses the outcome of feedback received, and if required an action plan is developed to address any identified improvements. Comments viewed in returned questionnaires were very positive and indicated service users' satisfaction with the service received.

The agency's registered premises include an office which is suitable for the operation of the agency.

Two staff questionnaires were returned to the inspector; responses indicated that staff were satisfied that care was safe. A comment in one questionnaire stated: "Staff receive a 3 month induction course during which time they are trained and supervised; ongoing training and appraisals are a feature of working for HAH."

### Areas for improvement

Two areas for improvement were identified during the inspection and relate to ensuring records are available at all times for inspection and a recommendation regarding the policy for Safeguarding Vulnerable Adults from Abuse.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	2
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### 4.3 Is care effective?

The agency's record keeping arrangements and associated policies were reviewed and discussed with the registered manager.

The data protection policy was examined and contained the procedures for the creation, storage, retention and disposal of records; it was noted from the range of records viewed during the inspection that they were maintained in accordance with legislation, standards and the organisational policy.

The agency has a dedicated training department and effective policies that detail the role and responsibilities of the nurse and managerial staff regarding professional development and training, as specified by the Nursing and Midwifery Council (NMC). The policy outlines mandatory training requirements and was found to be up to date.

Discussions with staff and records viewed following the inspection confirmed that the agency has in place arrangements to monitor, audit and review the effectiveness and quality of the service provided to service users. On the day there was evidence that the agency has a process for maintaining a record of compliments and complaints received.

The inspector identified that the agency monitors monthly the effectiveness and quality of care provided to service users through their customer satisfaction review; these responses are analysed and incorporated into the annual quality review report.

Monthly audits include a review of training, supervision, staff records, complaints, incidents and safeguarding referrals.

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

During the inspection a senior nurse described how the agency maintains effective working relationships with service users and provided examples of liaison with stakeholders in relation to achieving better outcomes for service users.

Information provided to service users included the procedure for contacting the agency to discuss concerns in relation to the competency of staff provided.

A senior nurse could describe the process that would be followed for addressing concerns relating to a staff nurse and stated that whilst the process was ongoing the staff member would not be provided to work.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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#### 4.4 Is care compassionate?

Agency staff are provided with information in relation to the agency's confidentiality policy; it was noted that all staff can access policies and procedures electronically.

Following the inspection a discussion was held with the acting responsible person and an application for registration was forwarded to them for completion.

The agency has arrangements in place to monitor the performance of nursing staff; these include training and competency assessments completed electronically; the registered manager reported all staff must achieve a required level before being deemed competent.

The agency has a process for obtaining the views of service users in relation to staff performance; the senior nurse described the process for engaging with the relevant service users in order to obtain feedback, and records examined evidenced a high level of satisfaction with nurses provided.

Formal processes to record and respond to service users are maintained through the agency's complaints process, monthly quality monitoring and service user satisfaction surveys. It was noted that the agency's monthly quality monitoring report incorporated the feedback received from service users.

The agency has an electronic system for recording training completed and identifying when training updates are required. In addition, each nurse is provided with an iPad and this enables training alerts to be sent directly to the nurse. The inspector was provided with assurances that staff would not be provided if training updates had not been successfully completed.

The inspector was informed the agency provides all staff with the required training to ensure they are aware of the appropriate action to be taken in the event of a suspicion of, or actual abuse. This information was confirmed in the submitted records of staff training.

A system is in place to ensure that nurses can report concerns they may have regarding a placement. The agency has an on call system that staff can access out of hours for support

and guidance. Comments made by staff in returned questionnaires included: “Our manager is always available to talk and advise.”

The ‘Whistleblowing Policy’ available for staff details the responsibility of staff in highlighting concerns or issues relating to poor practice and the process for raising these concerns; the role of RQIA in relation to whistleblowing is appropriately referenced.

Four staff questionnaires were returned to the inspector; responses indicated that staff were satisfied that care was compassionate.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.5 Is the service well led?

The registered manager was not available for discussion as she was on annual leave. Feedback was provided to the senior clinical manager and senior clinical nurse.

The agency’s management and governance arrangements were reviewed and established that the systems in place were suitable to meet the needs of service users and provided evidence that the service was well led.

The review of a number of policies and procedures established the policies were reviewed regularly and maintained in accordance with the minimum standards and relevant legislation. It was identified that staff have access to the policies and procedures electronically and additionally in paper format stored within the agency’s office.

Documentation viewed and discussions with the registered manager indicated that the agency’s governance arrangements promote the identification and management of risk; these include appropriate policies and procedures, monitoring of training, monthly audit of registration status with the NMC, complaints, safeguarding incidents and incidents notifiable to RQIA.

The agency’s complaints policy outlines the procedure in handling complaints. A review of the information returned to RQIA relating to complaints received between 1 January 2015 and 31 March 2016 evidenced that the agency has received no complaints for this period.

The incident policy and records of incident audits were examined during the inspection. These records concurred with the number of incidents reported to RQIA since the previous inspection, all of which had been managed appropriately.

The certificates of registration and indemnity insurance were clearly displayed within the premises.

There was evidence of the management and governance systems that drive quality improvement, and these included a monthly operation report that commented on a range of audits undertaken, including staff meetings, audits of files, complaints, training and supervision and accidents/incidents.



Suitable arrangements are in place to ensure that staff are appropriately recruited, complete training during their initial induction and thereafter attend the required refresher training.

The inspector viewed the staff training records; it was confirmed that the system highlights when training updates are required. Records viewed indicated that staff has completed required mandatory training, and in addition training specific to meet the needs of service users.

The organisational and management structure of the agency identifies lines of accountability and the roles and responsibilities of staff. This information is also included in the handbook provided to staff, which outlines the role and responsibilities of their individual job roles.

The agency has a process for obtaining feedback from service users when a nurse has been provided; the inspector viewed feedback documentation received by the agency and noted that feed-back was positive.

Four staff questionnaires were returned to the inspector in time for inclusion in this report. All responses indicated that staff were satisfied that the service was well led.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Carol Irwin clinical nurse manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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 nursing 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.

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on Nursing Agencies Regulations (Northern Ireland) 2005.

## 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Nursing Agencies Minimum Standards, 2008. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

## 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [agencies.team@rqia.org.uk](mailto:agencies.team@rqia.org.uk) for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

<b>Recommendations</b>	
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 3.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 November 2016</p>	<p>The registered provider should ensure all records are available for inspection.</p> <p><b>Response by registered provider detailing the actions taken:</b></p> <p>The RQIA HaH Registered Manager will ensure that records are available with Deputy in her absence. It should be noted that this cannot be further delegated, to prevent unauthorised access.</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 9.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 November 2016</p>	<p>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'.</p> <p>The registered manager should detail how the new policy will be cascaded down to staff.</p> <p><b>Response by registered provider detailing the actions taken:</b></p> <p>The policy is presently being updated and will include this requirement. Once completed notification is cascaded to staff and they can access through their electronic tablet device.</p>

*\*Please ensure this document is completed in full and returned to [agencies.team@rqia.org.uk](mailto:agencies.team@rqia.org.uk) from the authorised email address\**



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email [info@rqia.org.uk](mailto:info@rqia.org.uk)

Web [www.rqia.org.uk](http://www.rqia.org.uk)

 @RQIANews