



The **Regulation** and
Quality Improvement
Authority

Nursing Agency Inspection

Name of Service:	Healthcare at Home
Nursing Agency ID No:	10681
Date of Inspection:	16 March 2015
Inspector's Name:	Norma Munn
Inspection ID:	IN021102

The Regulation And Quality Improvement Authority
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General Information

Name of agency:	Healthcare at Home (10681)
Address:	Units 7 & 15, Holly Business Park Kennedy Way Industrial Estate Belfast BT11 9DT
Telephone number:	(028) 9060 4675
E mail address:	heatherm@hah.co.uk
Registered organisation/ Registered provider:	Healthcare at Home Mr Nicholas Conway (Acting)
Registered manager:	Ms Heather McNeely
Person in Charge of the agency at the time of inspection:	Ms Heather McNeely
Categories of care:	Nursing Agency
Number of registered nurses:	18
Date and type of previous inspection:	4 March 2014 Primary Announced Inspection
Date and time of inspection:	16 March 2015 11.45–15.30
Name of inspector:	Norma Munn

Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing agencies. A minimum of one inspection per year is required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during the inspection were met.

Purpose of the Inspection

The purpose of this inspection was to ensure that the service is compliant with relevant regulations and minimum standards. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of the nursing agency's service, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Agencies Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Agency Minimum Standards Minimum Standards (July 2008)

Other published standards which guide best practice may also be referenced during the inspection process.

Methods/Process

Specific methods/processes used in this inspection include the following:

- Discussion with the registered manager
- Discussion with the clinical team manager
- Examination of records
- File audit
- Evaluation and feedback.

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Nursing Agencies Minimum Standards:

- **Standard 2:**
There are policies and procedures in place that direct the quality of services provided by the nursing agency.
- **Standard 3:**
Clear, documented systems are in place for the management of records in accordance with legislative requirements.
- **Standard 11:**
There are arrangements in place to respond promptly to requests for private nursing care.
- **Standard 12:**
Safe effective nursing care, that is based on continuous assessment, is planned and agreed with the patient, is accurately recorded in care plans and is regularly reviewed.
- **Standard 13:**
There are accurate and up to date case records for private patients who receive care in their own homes by nurses supplied by the nursing agency.
- **Standard 14:**
Consent to treatment and care is obtained from private patients who receive care in their own home.
- **Standard 15:**
There are arrangements in place to ensure that agency nurses manage medicines safely and securely in private patients' own homes.

The inspector rated the centre's compliance level against each criterion.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

Profile of Service

Healthcare at Home 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. The agency has premises in Holly Business Park, Kennedy Way Industrial Estate, Belfast.

Eighteen nurses are directly employed by the agency. They provide treatment regimes for patients and are supervised as appropriate by the patient's responsible consultant.

Summary of Inspection

This is the annual announced inspection report for Healthcare at Home which was undertaken on 16 March 2015 by Norma Munn, inspector from the Regulation and Quality Improvement Authority (RQIA) starting at 11.45 hours and finishing at 15.30 hours.

The inspection sought to establish the compliance being achieved with respect of: The Nursing Agencies Regulations (Northern Ireland) 2005, the DHSSPS Minimum Standards for Nursing Agencies (2008).

Ms Heather McNeely, registered manager and Ms Caroline Irwin, clinical team manager were in attendance throughout the inspection.

The previous inspection occurred on 4 March 2014 and resulted in no requirement and no recommendations.

The focus for this inspection was to examine a selected number of criteria from standards extracted from DHSSPS Nursing Agencies Minimum Standards document (2008).

To validate compliance levels for seven of the above standards, the inspector had a lengthy discussion with the registered manager and clinical team manager and undertook a review of relevant documentation held at the nursing agency. Feedback was provided at the end of the inspection to the registered manager and clinical team manager.

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

Robust systems were in place to recruit staff as outlined in the recruitment policy and procedures. Two personnel files reviewed were found to be fully compliant with the legislation and systems were in place to check the registration status of nurses with the NMC.

The registered manager is actively involved in the recruitment, assessment and placement of all nurses. Records are held regarding placement of nurses and the decision making process in this regard.

A number of policies and procedures were reviewed, which included; Recruitment, Safeguarding of Vulnerable Adults, Management of Records, Record Keeping, Whistleblowing, Absence of Registered Manager and Clinical Supervision.

Standard 2: There are policies and procedures in place that direct the quality of services provided by the nursing agency.

A review of five criteria for this standard evidenced that there were policies and procedures in place in accordance with Appendix 3: The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Agency Minimum Standards Minimum Standards (2008). However, the registered manager informed the inspector that the policy for Safeguarding of Children had not been developed and was not available for inspection.

Policies were centrally indexed, dated and signed. Seven policies were viewed on the day of inspection. The majority of policies had been subject to at least a three yearly review by the registered manager and specialist senior managers. However, the Absence of Registered Manager policy had not been reviewed since 2010.

The Safeguarding Vulnerable Adults policy and Whistleblowing policy were not in line with current legislation.

The registered manager discussed how feedback from nurses and clients would help inform policy and procedure.

The agency was judged to be 'substantially compliant' with this standard.

Standard 3: Clear, documented systems are in place for the management of records in accordance with legislative requirements.

A review of seven criteria for this standard evidenced that systems were generally in place for the management of records in accordance with legislative requirements. The agency has a Management of Records and Information policy which sets out arrangements for the creation, use and storage of records.

Two personnel files reviewed electronically were found to be fully compliant with the legislation and systems were in place to check the registration status of nurses with the NMC. The registered manager informed the inspector that one nurse had a Criminal Records Bureau (CRB) check completed instead of an Access NI check. At the time of the inspection the Access NI check had been applied for and the nurse had ceased to practice until the Access NI check had been returned. Following the inspection the registered manager confirmed that the Access NI check had been obtained.

The agency was judged to be 'substantially compliant' with this standard

Standard 11: There are arrangements in place to respond promptly to requests for private nursing care.

The agency has clear referral systems in place for responding to requests to provide nursing care within a patient's own home. Following referral, all patients are assessed by a member of the nursing team and an information booklet, treatment record and care plan is developed with the patient. A copy of the information booklet and treatment record is provided to all new patients.

The agency was judged to be 'compliant' with this standard

Standard 12: Safe effective nursing care, that is based on continuous assessment, is planned and agreed with the patient, is accurately recorded in care plans and is regularly reviewed.

All patients have an assessment undertaken by the nurse who develops a person centred care plan. The provision of nursing care and re-assessment of the patient's ongoing care needs, are agreed with the patient and/or their representative and recorded at each visit. A copy of records is held in the patient's home and maintained electronically with the nurse.

Systems are in place to provide ongoing clinical supervision, annual competency assessments and appraisals for all nurses.

Patients are encouraged to participate in their care and have the opportunity to provide feedback on the service provided.

The agency was judged to be 'compliant' with this standard.

Standard 13: There are accurate and up to date case records for private patients who receive care in their own homes by nurses supplied by the nursing agency.

The agency has guidelines for records, record keeping and access to patient records which is used in conjunction with the management of records policy. Two patients' electronic care records reviewed evidenced that entries were accurate and up to date.

The agency was judged to be 'compliant' with this standard.

Standard 14: Consent to treatment and care is obtained from private patients who receive care in their own home.

The agency has a policy and procedure in place for obtaining consent to treatment.

Following referral and assessment, the nurse provides patients with information regarding their treatments, possible side effects and expected outcomes prior to obtaining consent to treatment. Two patients' care records reviewed electronically evidenced consent obtained and recorded.

The agency was judged to be 'compliant' with this standard.

Standard 15: There are arrangements in place to ensure that agency nurses manage medicines safely and securely in private patients' own homes.

The agency has policies and procedures in place for the management and administration of medication in the patient's own home. Nurses are issued with relevant information regarding the medication to be administered and any specific treatment protocols. This information is included in the patient information leaflet. The registered manager ensures compliance with the medications policy and procedure.

The agency was judged to be 'compliant' with this standard.

The inspector was informed that the agency did not receive any complaints since the previous inspection on 4 March 2014. The complaints record was not reviewed during this inspection.

Four recommendations have been made relating to policies and procedures and recruitment. These are discussed fully in the main body of the report and in the appended Quality Improvement Plan.

The overall outcome of the inspection would indicate that the agency is providing a high quality service with safe and effective patient care.

The inspector would like to extend their gratitude to Ms Heather McNeely, registered manager and Ms Caroline Irwin, clinical team manager for their hospitality and contribution to the inspection process.

Follow-Up on Previous Issues from Pre-Registration Inspection

No previous requirements or recommendations were made.

Standard 2: There are policies and procedures in place that direct the quality of services provided by the nursing agency.	
Criterion Assessed: 2.1 Policies and procedures as identified in Appendix 3 for the management of the nursing agency and supply of nurses are in accordance with statutory requirements.	Compliance Level
Provider's Self Assessment:	
<p>All policies and procedures are in place to support the field based nurses in their role as community nurses. Any task a nurse is required to perform will have a protocol to support and guide her.</p> <p>Policies are also in place and are currently being updated for the business. They are all available for inspection.</p>	Compliant
Inspection Findings:	
<p>Policies and procedures were in place that direct the quality of services provided by the nursing agency.</p> <p>The following policies reviewed were in line with statutory requirements:</p> <ul style="list-style-type: none"> • Recruitment Policy • Record Keeping • Clinical Supervision <p>The following policies reviewed were not in line with current legislation and require to be reviewed:</p> <ul style="list-style-type: none"> • Whistleblowing • Safeguarding of Vulnerable Adults <p>A recommendation has been made.</p>	Substantially compliant

<p>The registered manager informed the inspector that there was no policy on file for the Safeguarding of Children. The agency provides care for children therefore a policy must be developed and implemented. A recommendation has been made.</p>	
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Standard 2: There are policies and procedures in place that direct the quality of services provided by the nursing agency.	
Criterion Assessed:	Compliance Level
2.2 There are arrangements to ensure that policies and procedures are developed with input from staff, private patients who receive care in their own homes and managers from the settings where nurses are placed.	
Provider's Self Assessment:	
Staff at all levels have an input to the HCAH policies. There are also specialist nurses within the business who also offer their knowledge to the policies, The HCAH policies are all being reviewed and updated presently.	Compliant
Inspection Findings:	
The registered manager discussed the importance of involving staff and clients in the development of policies. Feedback is obtained from clients and staff and is used to ensure service improvement.	Compliant

Standard 2: There are policies and procedures in place that direct the quality of services provided by the nursing agency.	
Criterion Assessed: 2.3 Policies and procedures are centrally indexed and compiled into a policy manual.	Compliance Level
Provider's Self Assessment:	
<p>Healthcare at Home policies and procedures are electronic and centrally located in the Healthcare at Home system.</p> <p>All employees who are office based have access to these policies and procedures.on the system</p> <p>The nurses in the field are supplied with a tablet to access the policies and procedures.and have access at all times.</p>	Compliant
Inspection Findings:	
<p>On the day of the inspection policies and procedures reviewed were centrally indexed and available in a policy manual in accordance with Appendix 3. Discussion with the registered manager and clinical team manager confirmed that policies and procedures are also located electronically and are easily accessible to all staff.</p>	Compliant

Standard 2: There are policies and procedures in place that direct the quality of services provided by the nursing agency.	
Criterion Assessed: 2.4 Policies and procedures are dated when issued, reviewed or revised.	Compliance Level
Provider's Self Assessment:	
Once a policy or procedure is written it is dated, signed and review date. recorded by the approver. This is recorded on the front of the document These documents are controlled, reviewed and amended accordingly if any changes take place. The policies and procedures are reviewed every two years or if required at an earlier date.	Compliant
Inspection Findings:	
Policies and procedures reviewed were dated when first issued and any reviews or revisions were also dated and signed.	Compliant

Standard 2: There are policies and procedures in place that direct the quality of services provided by the nursing agency.	
Criterion Assessed: 2.5 Policies and procedures are subject to a systematic three yearly review, and the registered person ratifies any revision to or introduction of new policies and procedures.	Compliance Level
Provider's Self Assessment:	
<p>HCAH policies and procedures are reviewed by individual Specialist nurses and Senior Managers within the business and reviewed .</p> <p>Healthcare at Home operates through a number of committees and working groups that develop policies, procedures and other guidance documents to ensure consistent and safe practice in all areas of its activities.</p> <p>The policies are Version controlled Kept up to date and evidence based Reviewed for fitness of purpose and approved by an appropriate committee/or person Made available in a controlled manner through the organisation's intranet.</p> <p>Reference number HHCG. 1 POLICY: DEVELOPMENT AND APPROVAL OF POLICY AND PROCEDURE DOCUMENT: POLICY AND CORPORATE APPROVAL PROCESS</p>	Compliant
Inspection Findings:	
<p>Six out of seven policies had been reviewed at least three yearly. The absence of registered manager policy was dated 2010 and had not been recently reviewed. This was discussed with the registered manager. A recommendation has been made.</p> <p>The registered manager and a number of specialist senior managers are involved in reviewing policies and procedures.</p>	Substantially Compliant

Standard 3: Clear, documented systems are in place for the management of records in accordance with legislative requirements.	
Criterion Assessed:	Compliance Level
3.1 Where agency nurses are supplied to provide nursing care to private patients in their own homes those patients have access to their records in accordance with the Data Protection Act 1998.	
Provider's Self Assessment:	
<p>all patients are supplied with a patient record booklet where all their information is recorded during each nurse visit/treatment.. Attached to this booklet is the patient's care plan which is completed during the first visit by the nurse alongside the patient. The care plans are reviewed/amended when required or on a yearly basis.</p> <p>During the visit the nurses also complete an electronic clinical evaluation form. This is stored within the HCAH system, and a copy will also be forwarded securely to the referring Consultant.</p> <p>Reference number - HHCG.2 is the policy for rules for completing a clinical evaluation form electronic/paper version</p>	Compliant
Inspection Findings:	
Discussion with the registered manager and clinical team manager confirmed that each patient is supplied with a copy of their plan of care which is kept in their own home. The contents of the care plan are discussed with each patient during the first visit and at regular intervals at their request.	Compliant

Standard 3: Clear, documented systems are in place for the management of records in accordance with legislative requirements.	
Criterion Assessed: 3.2 The policy and written procedures for the management of records detail arrangements for the creation, use, retention, storage, transfer, disposal of and access to records.	Compliance Level
Provider's Self Assessment:	
<p>All professionally registered staff have the responsibility for meeting the obligations set out within this policy and procedure and participating in audits.</p> <p>They are responsible for any record that they create or use. This responsibility is incorporated into Professional Code of Conduct e.g. Nursing and Midwifery Council (NMC) Record Keeping Guidance for nurses and midwives 2009</p> <p>Under the Public Records Act 1958 the responsibility of the Chief Executive and senior managers for the safe keeping of records is extended to all staff for all records they either create, use or handle. There is a policy in place for retention and archiving of patient's health records</p> <p>Reference :- POLICY FOR PROFESSIONAL CLINICAL RECORD KEEPING</p>	Compliant
Inspection Findings:	
Review of the Records Policy evidenced details for the creation, use, retention, storage, transfer, disposal of and access to records.	Compliant

Standard 3: Clear, documented systems are in place for the management of records in accordance with legislative requirements.	
Criterion Assessed:	Compliance Level
3.3 Records required under The HPSS (Quality Improvement and Regulation)(NI) Order 2003 (Regulations) are available in the nursing agency for inspection at all times.	
Provider's Self Assessment:	
IPatient's records are electronic and are available for inspection	Compliant
Inspection Findings:	
<p>On the day of inspection records were well organised, easy to reference and available for inspection. Records were examined relating to the recruitment of nurses. Two personnel files accessible electronically were found to be fully compliant with the legislation and systems were in place to check the registration status of nurses with the NMC. However, following the inspection the registered manager informed the inspector that one nurse employed did not have an Access NI check carried out. At the time of the inspection the Criminal Records Bureau (CRB) check was in place and the Access NI check had been applied for. The registered manager had informed the inspector that the nurse would not practice until the Access NI check had been returned. Following the inspection RQIA received confirmation that the Access NI check had been obtained. A recommendation has been made to ensure that Access NI checks for nurses are received prior to commencement of employment.</p>	Substantially Compliant

Standard 3: Clear, documented systems are in place for the management of records in accordance with legislative requirements.	
Criterion Assessed: 3.4 The information held on record is accurate, up to date and necessary.	Compliance Level
Provider's Self Assessment:	
<p>The Healthcare at home ploicy states all patient information is accurate and up to date. This is also in compliance with the NMC guidelines, code of conduct and Record Keeping,</p> <p>The patient notes are audited by the Clinicial Team Manager monthly using an audit tool and any actions are fed back to the team</p> <p>Reference Wi/CL/063 Procedure for clinicial audit</p>	Compliant
Inspection Findings:	
Records reviewed were confirmed by the registered manager as accurate and up to date.	Compliant

Standard 3: Clear, documented systems are in place for the management of records in accordance with legislative requirements.	
Criterion Assessed: 3.5 Nursing care records are written and maintained in accordance with NMC guidelines.	Compliance Level
Provider's Self Assessment:	
<p>all nurses adhere to the code of conduct and NMC Record keeping (Guidance for nurses and midwives).</p> <p>The Clinical Team Manager completes monthly audits on patients notes clinical evaluation forms. This information is cascaded to the clinical Director and is used at team meetings as a learning exercise.</p> <p>Reference Policy Number HHCG.17 Professional Clinical Record Keeping</p>	Compliant
Inspection Findings:	
Review of two patients' electronic records evidenced that entries were made in accordance with the NMC guidelines on record keeping.	Compliant

Standard 3: Clear, documented systems are in place for the management of records in accordance with legislative requirements.	
Criterion Assessed:	Compliance Level
3.6 Agency staff are trained to create, use, manage and dispose of records in line with good practice and legislative requirements.	
Provider's Self Assessment:	
<p>all staff adhere to the policy for creating, managing and archiving patient records. All staff are aware of the duration of keeping records following the completion of a patients treatment.</p> <p>This training is incorporated during their induction programme.</p>	Compliant
Inspection Findings:	
<p>The registered manager informed the inspector that training on record keeping had taken place for all staff. Review of the care records examined during the inspection evidenced that the registered manager and clinical team manager had a good knowledge of the management of records. Records reviewed were managed in accordance with legislative requirements.</p>	Compliant

Standard 3: Clear, documented systems are in place for the management of records in accordance with legislative requirements.	
Criterion Assessed:	Compliance Level
3.7 Records are held securely for the period of time as specified in DHSSPS guidelines and disposed of in accordance with legislation.	
Provider's Self Assessment:	
<p>HCAH staff are all aware of the specific time period records are required to be held following the completion of treatment. The records are archived within the electronic system of HCAH.</p> <p>Only clinicial persons authorised to access patients notes will receive permission to view and document on the notes,</p>	Compliant
Inspection Findings:	
Discussion with the registered manager and a review of the management of records policy confirmed that records are stored securely and as specified in DHSSPS guidelines.	Compliant

Standard 11: There are arrangements in place to respond promptly to requests for private nursing care.	
Criterion Assessed: 11.1 The policy and procedures detail the arrangements for dealing with requests from people who are seeking agency nurses to provide private nursing care in their own homes.	Compliance Level
Provider's Self Assessment:	
<p>The process for accepting a new referral in HCAH is as follows.</p> <p>A referral is faxed through to the Belfast HCAH office from the referrer. This is usually a Consultant/Specialist nurse or a clinic nurse. The HCAH administrator picks up the referral and forwards it through to customer service department in England. The Customer Services Department apply for authorisation from the Private Medical Insurance company. A HCAH number will be allocated to the patient. Once approval has been received the patient's details will be uploaded onto the system and allocated a HCAH identification number. The local scheduler will allocate the patient visit to the skilled nurse. This is carried out by location of patient/nurse. Skills of the nurse and treatment required.</p> <p>Policy reference number WI/CL/108 which refers to scheduling clinical visits and allocating the required resources</p>	Compliant
Inspection Findings:	
<p>Discussion with the registered manager confirmed that the agency have a referral system in place. The referral is usually made by a member of the multi-disciplinary team. The patient is allocated a nurse who has the appropriate skills and competence to provide the treatment required.</p>	Compliant

Standard 11: There are arrangements in place to respond promptly to requests for private nursing care.	
Criterion Assessed: 11.2 An identified nurse employed by the nursing agency visits patients in their own homes, carries out and records an assessment of nursing care needs using validated assessment tools, prior to supplying a nurse. Information received from other care providers, if appropriate, is used in this assessment. Any associated factors or risks are documented.	Compliance Level
Provider's Self Assessment:	
<p>Clinical record keeping is an integral part of professional practice, designed to inform all aspects of the care process. The use of patient information is an essential aspect of any health care organisation and is a key element in supporting the everyday aspects of the delivery of high quality evidence based health care. Accurate and effective clinical record keeping is fundamental to high quality patient care. It also enables effective communication with other professionals involved in patient care and expresses individual professional accountability and responsibility. It is important that these records are accurate, up to date and easily accessible to those who need to use them.</p> <p>An assessment is carried out by a skilled nurse during the initial patient visit. This assessment will be ongoing and take place at every patient visits.</p>	Compliant
Inspection Findings:	
Discussion with the registered manager confirmed that either the registered manager or the clinical team manager visits the patient to carry out a detailed assessment of the patient's needs. This assessment involves input from other members of the multi-disciplinary team. Risks are identified and documented using validated assessment tools. Following the assessment, a treatment record and care plan is developed with the patient and a copy of the information booklet and treatment record is given to the patient.	Compliant

Standard 11: There are arrangements in place to respond promptly to requests for private nursing care.	
Criterion Assessed: 11.3 An identified nurse with skills and expertise matches and selects appropriate nurse(s) to the requirements of the patient.	Compliance Level
Provider's Self Assessment:	
<p>skilled nurses are allocated skilled treatments. e.g</p> <p>Chemotherapy nurses must complete yearly mandatory training to have their names onto the chemotherapy register to allow them to practice in chemotherapy treatments.</p> <p>IV skilled nurses must complete mandatory herceptin training to enable them to be on a herceptin register to enable them to treat herceptin patients.</p> <p>All staff must complete yearly competencies which are uploaded onto the HCAH system. The scheduling department will allocate the visits by referring to this system. it is the responsibility of the Clinical Team manager to monitor and ensure all the nurses competencies are up to date and this is reported monthly on their reports to Senior managers.</p> <p>Reference number HHCG 5 which discusses Clinical Competency strategy there is also a policy which will be referred to named Policy for the safe handling of cytotoxic drugs within the community setting. Reference number HHCG.37</p>	Compliant
Inspection Findings:	
<p>Discussion with the registered manager confirmed that either the registered manager or the clinical team manager will allocate a nurse with the appropriate skills and expertise to each patient. Competencies are carried out annually and kept up to date.</p>	Compliant

Standard 11: There are arrangements in place to respond promptly to requests for private nursing care.	
Criterion Assessed: 11.4 All information including associated factors and risks are given to the nurse(s) prior to placement.	Compliance Level
Provider's Self Assessment:	
<p>all nurses have access to a clinican portal on their tablet to access patients information eg</p> <p>Referral Scripts Consent Assessment Clinical notes from previous patient visits</p>	Compliant
Inspection Findings:	
<p>Discussion with the registered manager confirmed that nurses are fully informed of the patient's medical history, prescription details, pre assessment details and any risks identified before visiting the patient in their own home. The registered manager stated that support is provided, if needed, to ensure nurses were adequately prepared to meet the needs the patients they are allocated to.</p>	Compliant

Standard 11: There are arrangements in place to respond promptly to requests for private nursing care.	
Criterion Assessed:	Compliance Level
11.5 A service user’s guide that provides comprehensive, up-to-date information about the nursing agency in an accessible format, is given to the patient. (Appendix 1)	
Provider’s Self Assessment:	
A service user guide is available to all patients. it is up to date and avaialble for inspection. This docuement is sent out to all patients on the commencement of treatment with Healthcare at Home	Compliant
Inspection Findings:	
Review of information given to patients includes details about the agency, how the service works, and commitment to quality care and how to make a complaint. Discussion with the registered manager confirmed that a service user guide was given to each patient on the first visit.	Compliant

Standard 11: There are arrangements in place to respond promptly to requests for private nursing care.	
Criterion Assessed:	Compliance Level
11.6 A written service contract is provided by the nursing agency within seven days of commencement of the service. The patient and / or their representative and the nursing agency each has a copy of the contract that is signed and dated by the patient or representative and the registered manager of the nursing agency. (Appendix 2)	
Provider's Self Assessment:	
Proir to any new service commencing with HCAH the local Business Manager will attend a meeting with the Clinicial Manager to discuss and agree the service. There is a service level agreement developed which is agreed and signed by both parties and is held centrally on HCAH system for reference at any time.	Compliant
Inspection Findings:	
Discussion with the registered manager confirmed that a service level agreement is signed by both parties. A copy is held on file and a copy given to the patient. The inspector did not review contracts on the day of the inspection.	Compliant

Standard 12: Safe effective nursing care, that is based on continuous assessment, is planned and agreed with the patient, is accurately recorded in care plans and is regularly reviewed.	
Criterion Assessed: 12.1 The agency nurse implements an person-centred nursing care plan that is based on an initial assessment of the patient’s care needs and is agreed with the patient.	Compliance Level
Provider’s Self Assessment:	
The nurse completes a care plan with the patient on first patient visit. This is stored within the patient home booklet and a copy is held on the HCAH central system. The care plan is to be reviewed at every visit. It will be updated every year unless there are any changes in the patients care/treatment when it will be amended with immediate effect.	Compliant
Inspection Findings:	
Discussion with the registered manager confirmed that all patients have an assessment undertaken by the nurse who develops a person centred care plan. The care plan is based on the assessment of the patient’s needs and is updated at regular intervals.	Compliant

Standard 12: Safe effective nursing care, that is based on continuous assessment, is planned and agreed with the patient, is accurately recorded in care plans and is regularly reviewed.	
Criterion Assessed: 12.2 The provision of nursing care and re-assessment of the patient’s ongoing care needs, are agreed with the patient, monitored and recorded on a day-to-day basis.	Compliance Level
Provider’s Self Assessment:	
all documentation is reviewed and updated at each patient visit and amended it appropriate Patients notes are available for inspection	Compliant
Inspection Findings:	
Discussion with the registered manager confirmed that any assessments carried out and all nursing care given is agreed with the patient and/or their representative and recorded at each visit. A copy of records is held in the patient’s home and electronically by the nurse	Compliant

Standard 12: Safe effective nursing care, that is based on continuous assessment, is planned and agreed with the patient, is accurately recorded in care plans and is regularly reviewed.	
Criterion Assessed: 12.3 The results and outcomes of any treatment and care are clearly explained to patients and any options available to them are discussed.	Compliance Level
Provider's Self Assessment:	
<p>All patients will receive written back up information alongside verbal information at their first home visit.</p> <p>Side effects of each drug administered are discussed with the patients and recorded on the patients consent .</p> <p>Blood results are recorded in the patient personal booklet and explained prior to treatment.</p> <p>Echo results are discussed with the patient and recorded in the patients personel files. These results will all be approved by the Consultant prior to treating the patient.</p> <p>Patients will consent to receiving treatment with the nurses prior to every visit and have the right to refuse treatment at any time.</p>	<p>Compliant</p>
Inspection Findings:	
<p>Discussion with the registered manager confirmed that the nurse explains verbally all treatment to be given and any options available. This information is also recorded in the patient's personal information booklet.</p>	<p>Compliant</p>

Standard 12: Safe effective nursing care, that is based on continuous assessment, is planned and agreed with the patient, is accurately recorded in care plans and is regularly reviewed.	
Criterion Assessed: 12.4 The nursing care plan and ongoing care needs are reviewed and agreed with patients and their representatives at time intervals as recorded.	Compliance Level
Provider's Self Assessment:	
This is reviewed prior and during each patient treatment visit . Care plans are available for inspection	Compliant
Inspection Findings:	
Discussion with the registered manager and clinical team manager confirmed that care plans are reviewed at regular intervals and agreed with patients.	Compliant

Standard 12: Safe effective nursing care, that is based on continuous assessment, is planned and agreed with the patient, is accurately recorded in care plans and is regularly reviewed.	
Criterion Assessed: 12.5 Arrangements are in place to ensure that private patients in their own homes are kept fully informed of issues relating to the care provided by the agency nurse(s) and that they are enabled to make comments about the quality of care provided.	Compliance Level
Provider's Self Assessment:	
<p>The patients are review by the Consultant prior to each treatment. the nurses will visit to take pre treatment bloods the day before treatment. . These are forwarded to the Consultant for approval prior to the nurses administering treatment the following day.</p> <p>All patient are forwarded out patient satisfaction questionnaires. They can complete these at any stage of their treatment and return back to HCAH. They are anomonusly collected and reviewed monthly. The results are displayed within the office and used as feedback to the nursing team. If required actions can be developed and used to improve the service we provide to our customers</p> <p>The patients can avail of a patient feedback e mail service provided by the business to obtain feedback which is communicated to all the clinical teams..</p> <p>The Cliniclal Team Managers is clinicially skilled, she will undertake patient visits to support her team. This is also an opportunity whereby they obtain feedback from the patient. This gives the patients an opportunity to discuss their care with a Manager.</p> <p>Patient s will also provide feedback to their Consultant regarding the HCAH service provided to them.The HCAH service allows the patient receive flexibility and they will be given a choice of treatment time/day on commencement with an allocated treatment time.</p>	<p>Compliant</p>

Inspection Findings:	
<p>Discussion with the registered manager and clinical team manager confirmed that patients are informed of their care verbally and in writing. These details are recorded in the information booklet provided. A section of the booklet informs the patient how to make comments or complaints regarding the quality of care they receive.</p>	<p>Compliant</p>

Standard 12: Safe effective nursing care, that is based on continuous assessment, is planned and agreed with the patient, is accurately recorded in care plans and is regularly reviewed.	
Criterion Assessed: 12.6 Where the agency remains the employer of the nurse, there should be effective clinical supervision arrangements in place.	Compliance Level
Provider's Self Assessment:	
<p>HCAH have a recruitment process in place. a candidate will apply for the role providing a CV to the recruitment department. they will be telephoned screened and if success will be forwarded to the local office for a face to face interview with the Manager.</p> <p>Once a nurses accepts an offer they are OH screened, Access NI checks, references obtained all prior to commencement of employment. They will follow a three month induction programme. One week at our head offices in Burton upon Trent followed by local training.</p> <p>All competencies will be required to be completed along with mandatory training prior to a nurse working as a lone worker in the community.</p> <p>Four weekly reviews are in place throughout probation period. to monitor the nurses progress and support the nurse during the probationary period.</p> <p>Reference - HRP116 this policy discusses the recruitment process. the aim is for the business to ensure all potential applicants experience the same process.</p> <p>Reference V1.0 HaH Training & Development Policy which recognises the importance of training and development and is committed to ensuring staff development is promoted</p>	<p>Compliant</p>

Inspection Findings:	
Review of two personnel files evidenced that clinical supervision had taken place. Discussion with the registered manager confirmed that nurses have been supervised on a monthly basis.	Compliant

Standard 13:	
There are accurate and up to date case records for private patients who receive care in their own homes by nurses supplied by the nursing agency.	
Criterion Assessed:	Compliance Level
13.1 The policy and written procedures for managing case records of care and treatment planned and given to private patients detail arrangements for the creation, use, retention, storage, transfer and access to those records.	
Provider's Self Assessment:	
<p>Good record keeping is an integral part of professional practice and is essential to the provision of safe and effective care. It is not an optional extra to be fitted in if circumstances allow. As well as individual Professional Codes of Practice there are also national standards and regulations that must be met to ensure good clinical record keeping practice.</p> <p>Any document, which records any aspect of the care of a patient, can be required as evidence before a court of law or before Preliminary Proceedings Committee of the Professional Councils. All NHS health care records are the property of the NHS and not the health care profession or patients. Health records are public records and are "owned" by the Secretary of State and must be kept in accordance with legal and professional obligations set out in the Records Management, NHS Code of Practice in addition to the following legislation and any new guidance affecting records management as it arises:</p> <ul style="list-style-type: none"> The Public Records Act 1958 The Data Protection Act 1998 The Freedom of Information Act 2000 The NHS Confidentiality Code of Practice (2003) <p>This is referenced from the policy number HHCG.17 named."policy for professional clinical record Keeping"</p>	Compliant

Inspection Findings:	
The management of records policy detailed the arrangements for the creation,use,retention,storage, transfer and access. Discussion with the registered manager confirmed that records were kept in line with current legislation.	Compliant

Standard 13: There are accurate and up to date case records for private patients who receive care in their own homes by nurses supplied by the nursing agency.	
Criterion Assessed	Compliance Level
13.2 All entries in case records are contemporaneous; dated, timed, and signed, with the signature accompanied by the name and designation of the signatory.	
Provider's Self Assessment:	
<p>All entries in patient case records are addressed by the treating nurse in compliance to the HCAH policy.</p> <p>These are audited monthly by the Nurse team Manager for Quality purposes</p> <p>This is also referenced from the policy number HHCG.17 named."policy for professional clinical record Keeping".</p>	Compliant
Inspection Findings:	
Review of two patients' electronic care records evidenced that entries were contemporaneous; dated, timed and signed.	Compliant

Standard 13: There are accurate and up to date case records for private patients who receive care in their own homes by nurses supplied by the nursing agency.	
Criterion Assessed: 13.3 Any alterations or additions are dated, timed, and signed, and made in such a way that the original entry can still be read.	Compliance Level
Provider's Self Assessment:	
<p>All entries in patient case records are addressed by the treating nurse in compliance to the HCAH policy.</p> <p>These are audited monthly by the Nurse team Manager for Quality purposes</p> <p>This is also referenced from the policy number HHCG.17 named."policy for professional clinical record Keeping".</p> <p>Nurses will also refer to the NMC Record Keeping guidance for nurses and midwives.</p>	Compliant
Inspection Findings:	
<p>Review of two patients' electronic care records did not evidence any alterations or additions. However, discussion with the clinical team manager confirmed that staff are aware of NMC guidelines on record keeping.</p>	Compliant

Standard 13: There are accurate and up to date case records for private patients who receive care in their own homes by nurses supplied by the nursing agency.	
Criterion Assessed: 13.4 Agency nurses record all care given and recommendations in patients' case record.	Compliance Level
Provider's Self Assessment:	
All care is recorded in the patient booklet and the electronic CEF which is returned to the referring centre for the the patient hospital files.and a copy is saved electronic within the HCAH system.	Compliant
Inspection Findings:	
Review of two patients' electronic care records evidenced that all care given has been documented electronically and recorded in writing in the patient's personal information booklet.	Compliant

Standard 13: There are accurate and up to date case records for private patients who receive care in their own homes by nurses supplied by the nursing agency.	
Criterion Assessed: 13.5 Where private patients, decline to have records kept in their own homes, this is documented, dated, signed and retained in the nursing agency.	Compliance Level
Provider's Self Assessment:	
All patients have records in their home with HCAH. No patient to date has refused to keep records in their home. These records can be referenced to by other medical professionals.	Compliant
Inspection Findings:	
Discussion with the registered manager confirmed that if a patient were to refuse to have their records kept at home then the records will be retained in the agency at their request.	Compliant

Standard 13: There are accurate and up to date case records for private patients who receive care in their own homes by nurses supplied by the nursing agency.	
Criterion Assessed:	Compliance Level
13.6 Case records are kept in the homes of private patients for one month, or until the service is concluded, after which time they are transferred, with patients' permission, to the nursing agency in accordance with procedures.	
Provider's Self Assessment:	
Patient s will keep their own personal booklet and the electronic notes will be archived on the system following completion of treatment. There are quite a few patients who will come back onto treatment within our business.	Compliant
Inspection Findings:	
Discussion with the registered manager confirmed that patients keep their own personal information booklet and all electronic notes are archived according to policies and procedures.	Compliant

Standard 14: Consent to treatment and care is obtained from private patients who receive care in their own home.	
Criterion Assessed:	Compliance Level
14.1 There is a written policy on obtaining consent to treatment and care that adheres to NMC Code of Professional Conduct and DHSSPS guidelines.	
Provider's Self Assessment:	
<p>Healthcare at Home recognises that patients have a fundamental legal and ethical right to determine what happens to them. Valid consent to examination, assessment, intervention, treatment and care is therefore absolutely central in all forms of health and social care. Seeking consent is also a matter of common courtesy between all professionals and patients. The seeking and giving of consent is usually a part of the whole Health and Social Care process rather than a one off event. Legislation requirements for the Care Quality Commission (England); the Care Inspectorate (Scotland) and the Regulation and Quality Improvement Authority (RQIA) – Northern Ireland are outlined in this policy</p> <p>reference policy number HHCG.04</p>	Compliant
Inspection Findings:	
Discussion with the registered manager confirmed that the policy on consent refers to the NMC code of conduct and is in accordance with current legislation.	Compliant

Standard 14: Consent to treatment and care is obtained from private patients who receive care in their own home.	
Criterion Assessed:	Compliance Level
14.2 There are written guidelines for agency nurses when a patient does not have the capacity or refuses to give consent to treatment or care.	
Provider's Self Assessment:	
competent adult patient is entitled to refuse any treatment except in circumstances governed by the Mental Health Act 1983. This is also referenced to in HCAH consent policy number HHCG.04	Compliant
Inspection Findings:	
Discussion with the registered manager confirmed that the policy on consent details action to take where a patient lacks capacity or refuses treatment.	Compliant

Standard 14: Consent to treatment and care is obtained from private patients who receive care in their own home.	
Criterion Assessed:	Compliance Level
14.3 Nursing procedures are explained to patients informing them of the implications of the treatment and any options available to them. This is documented in nursing care records.	
Provider's Self Assessment:	
written and verbal information is provided to the patient. this is documented on the patient consent.	Compliant
Inspection Findings:	
Discussion with the registered manager confirmed that the policy on consent encourages each nurse to provide full explanations regarding the implications of treatment and other options. This consent is initially obtained verbally and written evidence of consent is documented in the patient's care records.	Compliant

Standard 14: Consent to treatment and care is obtained from private patients who receive care in their own home.	
Criterion Assessed: 14.4 Completed consent forms are maintained within individual nursing care records.	Compliance Level
Provider's Self Assessment:	
Consent is completed on first patient visit and can be amended with any change of treatment. If no adjustment required the consent will be reviewed yearly as per the consent policy.	Compliant
Inspection Findings:	
Discussion with the registered manager and clinical team manager and a review of two patient's electronic care records evidenced that consent forms are accurately completed and retained in the patient's notes.	Compliant

Standard 15: There are arrangements in place to ensure that agency nurses manage medicines safely and securely in private patients own homes.	
Criterion Assessed:	Compliance Level
15.1 The policy and procedures cover all activities concerned with the management of medicines for private patients . These are in accordance with legislative requirements and current best practice as defined by professional bodies and national standard setting organisations.	
Provider's Self Assessment:	
The majority of the patient treatments are IV therapies and IV chemotherapy. The management of administration of these treatments are covered in the Intravenous therapy administration policy Reference HHCG.1.1 and the policy for the safe handling and administration of cytotoxic drugs in the community setting reference number HHCG.37	Compliant
Inspection Findings:	
Discussion with the registered manager confirmed that the medication policy and procedure is in accordance with current legislation. All nurses undergo safe administration of medicines training on an annual basis.	Compliant

Standard 15: There are arrangements in place to ensure that agency nurses manage medicines safely and securely in private patients own homes.	
Criterion Assessed:	Compliance Level
15.2 The agency provides private patients and their carers with information, in an accessible format, on the circumstances in which nurses may administer or assist in the administration of medicines.	
Provider's Self Assessment:	
During the initial visit with a patient the nurses will provide all patients with both verbal and written information on their treatment. This is also referred to with in the Healthcare at Home Consent Policy	Compliant
Inspection Findings:	
Discussion with the registered manager confirmed that information on medication administration is provided to all patients in the initial visit. This information is given verbally and is recorded in the patient's personal information booklet. Further information available for the patient was reviewed on the day of the inspection detailing the medication prescribed, how it is given, the dosage and possible side effects.	Compliant

Standard 15: There are arrangements in place to ensure that agency nurses manage medicines safely and securely in private patients own homes.	
Criterion Assessed: 15.3 Medicine errors and incidents that occur in private patients' home are reported, in accordance with procedures, to the appropriate authority.	Compliance Level
Provider's Self Assessment:	
<p>Any incident are recorded on the HCAH Q Pulse system. and reported to the referring centre/Consultant. If the incident has caused any harm to the patient the incident will also be report to the RQIA. Actions will be indentified and implimented to ensure any further incidents are limited.</p> <p>Reference to incident and complaints reporting WI/AQ/001</p>	Compliant
Inspection Findings:	
<p>Discussion with the clinical team manager evidenced a substantial knowledge of the action to take in the event of a medication error occurring. Any incident that occurs will be accurately recorded and reported to the appropriate body.</p>	Compliant

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Ms Heather McNeely, registered manager and Ms Caroline Irwin, clinical team manager as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

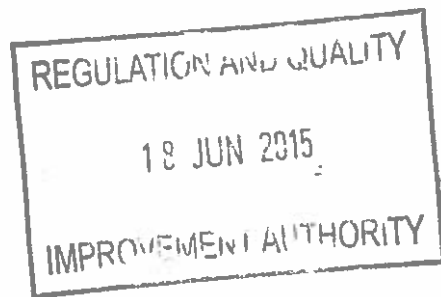
Norma Munn
The Regulation and Quality Improvement Authority
9th Floor, Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

Norma Munn
Inspector/Quality Reviewer

Date



The Regulation and
Quality Improvement
Authority



Quality Improvement Plan

Primary Unannounced Inspection

Healthcare At Home

16 March 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Ms Heather McNeely and Ms Caroline Irwin, clinical team manager during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.



Recommendations

These recommendations are based on The Nursing Agencies Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	9.2	The registered person should ensure that a policy is in place for Safeguarding Children and is in line with current legislation.	One	Addressed and action taken.	By 11 May 2015
2	2.5	The registered person should ensure that the Absence of Registered Manager policy is reviewed 3 yearly or as required.	One	Addressed and action taken	By 11 May 2015

3	2.1	<p>The registered person should ensure that the following policies are in line with current legislation:</p> <ul style="list-style-type: none"> • Safeguarding of Vulnerable Adults • Whistleblowing 	One	Addressed and action taken	By 11 May 2015
4	4.2	<p>The registered person should ensure that an Access NI check for all nurses has been received prior to commencement of employment</p>	One	This was address immediately, processes implemented to prevent any future errors	Immediate and ongoing

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	 H. MCWEELY
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	 N. CONWAY

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable			
Further information requested from provider	yes	H. Harley	19/6/15

REGULATION AND QUALITY
 18 JUN 2015
 IMPROVEMENT AUTHORITY