

Announced Care Inspection Report 24 July 2019



Healthcare at Home

Type of Service: Nursing Agency

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

Tel No: 07730499114

Inspector: Bridget Dougan

www.rqia.org.uk

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

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

4.0 Inspection summary

An announced inspection took place on 24 July 2019 from 11.00 to 16.00.

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

As a public-sector body, RQIA have duties to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of nursing agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of nursing agency services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted.

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

Evidence of good practice was found in relation to recruitment, staff training, supervision, support and clinical evaluation. The care records were well maintained and there was evidence of service user satisfaction with the care and treatment provided.

One area for improvement was identified in relation to the development of a system for obtaining and acting on feedback from service users.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Ms Heather McNeely, 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 04 December 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 4 December 2018.

5.0 How we inspect

Prior to inspection the inspector reviewed the following records:

- previous RQIA inspection report
- records of notifiable events reported to RQIA since the last care inspection
- all correspondence received by RQIA since the previous inspection

A range of documents policies and procedures relating to the service were reviewed during the inspection and are referred to within the body of the report.

At the request of the inspector, the manager was asked to display a poster prominently within the agency's registered premises. The poster invited staff to give their views and provided staff with an electronic means of providing feedback to RQIA regarding the quality of service provision; no responses were received.

The inspector spoke with two staff members. Comments received are included within the body of the report.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 04 December 2018

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

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

6.2 Review of areas for improvement from the last care inspection dated 4 December 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Agencies Minimum Standards 2008		Validation of compliance
Area for improvement 1 Ref: Standard 4 Stated: First time	The registered person shall ensure a criminal conviction declaration has been obtained prior to new staff commencing employment and retained in staff personnel files.	Met
	Action taken as confirmed during the inspection: The inspector reviewed the personnel records of two recently appointed staff and can confirm that a criminal conviction declaration had been obtained prior to the new staff commencing employment.	
Area for improvement 2 Ref: Standard 4.1 Stated: First time	The registered person shall ensure that the recruitment policy has been reviewed and amended to comply with legislative requirements and guidance.	Met
	Action taken as confirmed during the inspection: The recruitment policy has been reviewed and amended to comply with legislative requirements and guidance.	
Area for improvement 3 Ref: Standard 9.1 Stated: First time	The registered person shall ensure that the safeguarding adults' policy has been reviewed and amended to reflect current practice.	Met
	Action taken as confirmed during the inspection: Review of the safeguarding adults' policy evidenced that it reflects the agency's procedure for reporting any incidents of suspected, alleged or actual abuse.	

Area for improvement 4 Ref: Standard 1.12 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: The responsible person stated in the returned Quality Improvement Plan that the monthly quality review was now in place and that this was signed off by the regional clinical services director and reviewed by the responsible person. The manager confirmed at the time of the inspection that, whilst monthly quality monitoring meetings had taken place, no reports were available at the time of the inspection. These reports were submitted to RQIA following the inspection.	

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.

Staff recruitment is co-ordinated and processed by a centralised human resources department. Documentation viewed and discussion with the manager indicated that the agency has in place robust recruitment systems to ensure that pre-employment information has been obtained in compliance with Regulation 12 and Schedule 3 of The Nursing Agencies Regulations (Northern Ireland) 2005. The manager could describe the process for obtaining confirmation when new staff are available to commence employment.

A team of fifteen nurses (including the deputy manager) are employed by the agency and provide specialist care and treatment to service users living in their own homes. The manager advised that there are no staff vacancies. Two nurses have recently been recruited and will commence employment following confirmation of relevant pre-employment checks.

Registered nurses are required to complete a twelve week induction period, including a range of mandatory training, shadowing and familiarisation with the agency's policies and procedures.

There was a rolling programme of training, competency assessments, supervision and appraisals. 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. It was good to note that additional training had been provided to staff in areas such as equality, diversity, consent, mental capacity, record keeping and confidentiality.

Arrangements were in place to embed the regional operational safeguarding policy and procedure into practice, to ensure that the service users were safe and protected from harm. The review of records and discussion with the manager confirmed that there had been no potential safeguarding incidents since the previous inspection.

The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and the inspector was advised that the responsible person is the identified ASC within the organisation. The Annual Position Report had not yet been completed and the manager was advised that RQIA will wish to review evidence of the report following the implementation date of 01 April 2020.

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 and ongoing training, development and competency assessments following employment.

The inspector reviewed a sample of accident and incident records and confirmed that they had been managed appropriately. These areas were reviewed by the management team as part of their quality monitoring processes.

During the inspection the inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to the service users' health, welfare and safety. The inspector viewed a range of risk assessments in place relating to individual service users and was advised that no restrictive practices were being used by staff within the agency.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

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.

The review of the care records identified that they were person-centred and maintained in an electronic system in an organised manner. The care records evidenced referral information and risk assessments.

The care plans reviewed identified that consideration had been given to the service users' human rights. This related particularly to, but was not limited to, the service user's right to privacy and dignity; personal choices and autonomy; promoting family life; and their right to refuse care.

Quality monitoring systems were in place to audit and review the effectiveness and quality of care delivered to the service users. This included processes for the review of training, complaints, incidents and safeguarding. Clinical evaluation reviews and field audits were completed every six months for all nurses.

The inspector was informed that the views of service users are sought by staff on a regular basis; however there was no evidence that this information had been systematically collected, audited and used by the agency to improve services. An area for improvement has been identified in this regard.

An annual quality survey of the views of service users is conducted and administered by the agency's head office. An overview of the annual quality report for November 2018 was reviewed by the inspector and showed that 110 service users had responded, with 97% expressing overall satisfaction with the services provided. The manager confirmed that any areas for improvement are identified and followed up in a timely manner. The manager confirmed that the views of staff had been included in the annual quality report.

A quality monitoring review and report in accordance with regulation 20 of the Nursing Agencies Regulations (Northern Ireland) 2005 had not been completed and an area for improvement has been made under the regulations (see section 6.7).

Staff meetings are held monthly in accordance with the agency's policy and procedure. Weekly teleconferencing meetings are also held with staff.

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 quality of the service provided.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the quality of the care records and the agency’s engagement with their staff.

Areas for improvement

One area for improvement was identified in relation to obtaining feedback from people who use the nursing agency.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is care compassionate?

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

The organisation’s philosophy of care was included in the statement of purpose and service user guide. This clearly identified how service users’ human rights would be upheld, including their right to privacy, dignity and respect, promoting independence and maintaining their confidentiality.

The inspector discussed arrangements in place relating to the equality of opportunity for service users and the need for staff to be aware of equality legislation whilst also recognising and responding to the diverse needs of service users in a safe and effective manner.

It was identified that staff are provided with information relating to equality and human rights during their induction and additional training has been provided in these areas. The agency has a system for recording when training has been completed and for highlighting when training updates are required.

Discussion with the manager confirmed that the agency has access to an interpreting service and a translation service is available for all policies and other documentation provided to the service user.

On call arrangements are in place to ensure that nurses and service users can report concerns they may have regarding the service or to access support and guidance.

A ‘Whistleblowing Policy’ was in place and outlines the responsibility of staff in highlighting concerns or issues relating to poor practice and the process for raising concerns.

Staff told us that they consult with service users and obtain their views on the services provided on a daily basis; however, apart from the annual quality survey, there was no evidence of a process in place to obtain feedback from service users during or following the provision of services. An area for improvement has been made (see section 6.5).

The inspector observed that a number of ‘thank you’ cards and emails had been received by the agency from service users. The annual quality survey conducted in November 2018 showed that those service users who responded to the survey were satisfied with the overall services

provided. A sample of comments received by the agency in the annual quality survey is included below:

- “Your company is very easy to communicate with, I’ve always had a good experience.”
- “I used to have to drive 30 miles to collect medication and also found it very difficult to find a place to park.”
- “Deliveries have been on time and drivers have been courteous and helpful. Healthcare at home nurses that come to show me how to use the injections took the time to explain everything and had a lovely manner. The text advisory service for deliveries is also good.”
- “Excellent service, brilliant nurses.”

The inspector spoke with four staff members. A few comments received from staff are included below.

Staff comments:

- “I absolutely love this job.”
- “Patients are very well looked after. It is a privilege to be able to provide treatment and care to patients at this time of their lives.”
- “Patients and relatives are so happy with the service, we get a lot of cards and messages thanking us for the service we provide.”
- “I have worked as a cancer specialist nurse and I am confident that our patients get excellent care.”
- “We complete an online survey each year and the results of the survey are made available to us on our staff hub.”
- “We have a very good working relationship with specialist nurses and consultants in various Trusts throughout Northern Ireland. We consult them frequently regarding the care and treatment of our patients.”
- “I had a very good, thorough induction which lasted twelve weeks.”
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Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

The 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.

The staff members spoken with confirmed that there was good working relationships and that management were responsive to any concerns or suggestions made.

There had been one complaint received from the date of the last inspection and this was deemed by the inspector to have been managed appropriately and in accordance with legislation, standards and the agency's own policies and procedures.

All registered nurses providing care and support to service users are required to be registered with the Nursing and Midwifery Council (NMC). The manager confirmed that information regarding registration and renewal dates was maintained by the agency. The manager described the system in place for monitoring the renewal of NMC registrations and confirmed that this is carried out by staff at the agency's head office and the manager is kept informed of all registrations that are due to expire. The registration status of a sample of two nurses was reviewed by the inspector and found to be appropriately registered.

The inspector was advised that systems were in place to monitor and report on the quality of the care and support provided. For example, the following audits were completed in accordance with the agency's policies and procedures.

- staff supervision and appraisal
- accidents/incidents
- complaints
- clinical evaluation

Monthly quality monitoring reports, in accordance with Regulation 20 of the Nursing Agencies Regulations (Northern Ireland) 2005 had been completed to date.

On the date of inspection the certificate of registration was on display and reflective of the service provided.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Heather McNeely, 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 Regulations (Northern Ireland) 2005 and 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 Regulations (Northern Ireland) 2005

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

<p>Area for improvement 1</p> <p>Ref: Standard 10</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2019</p>	<p>The registered person shall ensure that a system is developed to ensure the views and comments of people who use the services provided by the nursing agency are systematically obtained and acted on in the evaluation and planning of services.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>As reviewed at our July 2019 inspection, Healthcare at Home has an existing comprehensive electronic national patient survey system in place, which allows the organisation to obtain comprehensive detail on the experience of the care provided. The data obtained from this survey, can then be divided into various categories, including region and service type, allowing for review of all responses and titration of learning and corresponding actions, taken as required.</p> <p>However, as part of our commitment to improve the patient journey, Healthcare at Home has this year invested £10 million for the implementation of a revised IT platform, which will endeavour to improve a number of functions within the business and this will include a more frequent survey, including the all PREMS, PROMS and NPS requirements. This system is presently under development, with a proposed launch date of February 2020.</p> <p>It is not anticipated that there will be any further surveying, other than the next existing national survey, due in November 2019.</p>

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



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