

Unannounced Care Inspection Report 14 August 2018



Ann's Homecare

Type of Service: Domiciliary Care Agency
Address: 23 Annaghmore Road, Portadown, BT62 1NA
Tel No: 028 3885 1108
Inspector: Caroline Rix

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

Ann’s Homecare Ltd is a domiciliary care agency based in Portadown which provides care and support to 1223 adults living within their own homes. Service users have a range of needs including physical disability and mental health care needs. The agency staff provides personal care, social support and sitting services. These services are commissioned by the Southern Health and Social Care Trust, Belfast Health and Social Care Trust and Northern Health and Social Care Trust (HSC trust’s), with a small number of privately funded service users.

3.0 Service details

Organisation/Registered Provider: Ann's Homecare Ltd.	Registered Manager: Ann McQuade
Responsible Individual(s): Ann McQuade.	
Person in charge at the time of inspection: Ann McQuade	Date manager registered: 17/02/2009

4.0 Inspection summary

An unannounced inspection took place on 14 August 2018 from 09.15 to 14.45 hours.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

The inspection assessed progress with any areas for improvement identified 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 service quality, care records and staff training. This was supported through review of records at inspection and during feedback from service users, relatives and staff.

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. The inspector would like to thank the agency staff for their warm welcome and full cooperation throughout the inspection process.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ann McQuade, registered person/manager and the agency's quality manager, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent care inspection dated 2 November 2017

No further actions were required to be taken following the most recent inspection on 2 November 2017.

5.0 How we inspect

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

- Previous inspection report
- Record of notifiable events for 2017/2018
- All communications with RQIA.

During the inspection the inspector spoke with the registered person/manager, quality manager and three care workers. Their feedback has been included throughout this report.

The inspector requested that the manager place a 'Have we missed you' card in a prominent position in the agency to allow service users, relatives and staff who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision, no feedback has been received.

The manager was also asked to display a staff poster prominently within the agency's registered premises. The poster invited staff to give their feedback to RQIA via electronic means regarding the quality of service provision. Two responses were received; the details are included within the report.

As part of the inspection the User Consultation Officer (UCO) spoke with five service users and nine relatives, either in their own homes or by telephone, between 17 and 22 August 2018, to obtain their views of the service. The service users interviewed informed the UCO that they receive assistance with the following:

- Management of medication
- Personal care
- Meals

The UCO also reviewed the agency's documentation relating to six service users.

The following records were examined during the inspection:

- A range of policies and procedures relating to recruitment, induction, complaints management, safeguarding and incident reporting.
- Four staff recruitment records
- Two staff induction records
- Three staff supervision records
- Two staff appraisal records
- Four staff training records

- Staff training matrix
- Staff meeting minutes
- Staff NISCC registration and renewal of registration processes
- Statement of purpose
- Service user guide
- Four service users' records regarding referrals, reviews and quality monitoring
- Three monthly monitoring reports.
- Annual quality review report for 2017/2018
- Communication records with other professionals
- Notification and incident records
- Complaints log
- Compliments log

The findings of the inspection were provided to the registered person/manager Ann McQuade and the quality manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 2 November 2017

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

6.2 Review of areas for improvement from the last care inspection dated 2 November 2017

There were no areas for improvement made as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

A range of policies and procedures were reviewed relating to staff recruitment, induction and training. The inspector found these policies to be up to date and compliant with related regulations and standards.

The agency's staff recruitment policy and procedure details the system for ensuring that all the required staff pre-employment information has been obtained prior to commencement of employment. Documentation viewed by the inspector indicated that there is a robust recruitment system in place to ensure all required checks have been satisfactorily completed prior to staff being provided into service users homes.

The inspector examined a sample of four staff personnel records; documentation viewed included details of the recruitment processes and evidenced that pre-employment checks had been completed in line with required regulations.

The inspector noted that arrangements were in place to ensure that staff are registered as appropriate with the relevant regulatory body. The records viewed confirmed that all staff are registered or have applied to be registered with the Northern Ireland Social Care Council (NISCC). The manager discussed the system in place to identify when staff are due to renew registration with NISCC.

The induction programme for new staff was viewed, which included a detailed induction procedure and support mechanisms in place which is compliant with Regulation 16 (5)(a). Documentation viewed by the inspector contained details of the information provided during the induction period and learning outcomes achieved by staff over a six month period that included a shadowing system.

Discussions with staff on the day of inspection confirmed that the induction process was appropriate and provided them with the skills to fulfil the requirements of their job roles. One staff member commented:

- “We receive mandatory training updates each year. When first started I felt the shadowing was most valuable and compulsory before we work with service users.”

The UCO was advised by all of the service users and relatives that they had no concerns regarding the safety of care being provided by Ann’s Homecare. New carer workers are usually introduced to the service user by a regular member of staff or supervisor; this was felt to be important both in terms of the service user’s security and that the new care worker had knowledge of the required care.

No issues regarding the carers’ training were raised with the UCO by the service users or relatives; examples of care given included manual handling, use of equipment and management of medication. All of the service users and relatives interviewed confirmed that they could approach the carers and office staff if they had any concerns. Examples of some of the comments made by service users or their relatives are listed below:

- “Couldn’t do without them.”
- “They’re very good.”
- “It’s very reassuring that the carers call regularly with XXX and contact us if anything is wrong.”

Staff training records viewed for 2017/2018 confirmed that all care workers had completed the required mandatory update training programme. The training plan for 2018/2019 was viewed which contained each of the mandatory training subject areas, along with other training relevant to service users’ care needs including, stoma care, dementia awareness and palliative care. Staff spoken with described the value of the additional training received in improving the quality of care they provided.

The agency’s policies and procedures in relation to safeguarding adults and whistleblowing were reviewed. The ‘Adult Safeguarding’ policy and procedure provided information and guidance as required; and referenced the Department of Health, Social Services and Public

Safety Northern Ireland (DHSSPSNI) guidance of July 2015 ‘Adult Safeguarding Prevention and Protection in Partnership’. The agency has identified their Adult Safeguarding champion who has key responsibilities detailed in their procedure in line with required guidance. The agency’s whistleblowing policy and procedure was found to be satisfactory.

All of the staff spoken with had a clear understanding of their role and responsibility to identify and report actual or suspected abuse. They described their role in relation to reporting poor practice and their understanding of the agency’s policy and procedure on whistleblowing.

A review of safeguarding documentation confirmed that potential concerns were managed appropriately in accordance with the regional safeguarding protocols and the agency’s policies and procedures. The safeguarding report records were reviewed which confirmed each had been referred to the relevant bodies as required.

The agency’s registered premises include a range of offices and staff facilities which are suitable for the operation of the agency as set out in the Statement of Purpose. Review of records management arrangements within the agency evidenced that appropriate storage and data protection measures were being maintained in line with General Data Protection Regulation (GDPR) introduced in May 2018.

The returned questionnaires from staff members indicated that they were ‘very satisfied’ that the care was safe. No written comments were received.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to: staff recruitment, induction, training and adult safeguarding.

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 arrangements for appropriately assessing the needs of people who use the service were examined during the inspection.

The care plans reviewed by the inspector had a strong person centred focus, were up to date, and clearly detailed the service users’ needs and how they wished these to be met.

Service user records viewed on the day of inspection included referral information received from the HSC trust. The referrals detailed the services being commissioned and relevant risk assessments. The agency care plans and risk assessments completed by staff during their

initial service visits contained evidence that service users' and/or relatives' views had been obtained and where possible, incorporated.

The inspector noted that the agency has collaborated effectively with a range of professionals in relation to managing a service user with complex care needs.

The UCO was informed by the service users and relatives spoken to that they had no concerns regarding the carers' timekeeping or that care has been provided in a rushed manner. The service users and relatives interviewed also advised that they had not experienced any missed calls from the agency. Service users advised that they are usually introduced to new care workers by a regular member of staff and new carers were aware of the care required.

No issues regarding communication between the service users, relatives and staff from Ann's Homecare were raised with the UCO. The service users and relatives advised that home visits take place regularly to obtain their views on the service. Some of the service users and relatives interviewed were also able to confirm that they had received a questionnaire from the agency.

Examples of some of the comments made by service users or their relatives are listed below:

- "No complaints; it's a great service."
- "Regular contact with the supervisor; they're great support."
- "Do anything asked of them; very helpful."

As part of the home visits the UCO reviewed the agency's documentation in relation to six service users. One care plan was noted to contain out of date information and there were a small number of issues regarding the agency's log sheets which were discussed with the registered manager.

Staff who met with the inspector demonstrated awareness of the importance of accurate record keeping and reporting any issues or concerns to their team manager. Staff also advised that frequent unannounced quality monitoring home visits was undertaken by their supervisor to ensure the provision of care provided was effective and provided in accordance with the commissioning HSC trust's care plan.

The agency's staff supervision and appraisal policies outline the timescales and processes to be followed. The inspector noted from documentation viewed that the agency maintains a record of individual staff supervisions and appraisals in line with their policies and procedures.

A sample of service user files confirmed that the agency management had carried out care review meetings with service users/relatives to ensure their needs were being met along with regular contacts by phone and during monitoring visits. The manager confirmed that they are not always invited to attend or contribute in writing to the HSC trust arranged care review meetings with service users/relatives. However, the records evidenced that an amendment form from the commissioning HSC trust detailing agreed changes to the original care plan had been provided.

Staff spoken with on the day of inspection confirmed that they were provided with details of the care planned for each new service user or with changes to existing service users' care plans. Staff comments received during the inspection:

- “We have built up trust and relationships with our service users and families, some over many years, and feel they are like our extended family. They get to live full lives.”
- “The care and support provided changes and adapts as the service users’ needs change, to allow them to have as many choices as possible in their own homes.”

The returned questionnaires from staff members indicated that they were ‘very satisfied’ that the care was effective. No written comments were received.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

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

The inspection sought to assess the agency’s ability to treat service users with dignity and respect, and to fully involve service users/their representatives in decisions affecting their care and support. The inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was reflected throughout staff attitudes and the delivery of the service.

There are processes in place to promote effective engagement with service users, they include the agency’s monthly quality monitoring process; compliments and complaints process; care review meetings and monitoring visits. Reports viewed by the inspector provided evidence that the agency endeavours to regularly engage with service users and where appropriate their representatives in relation to the quality of the service provided.

All of the service users and relatives spoken to by the UCO felt that care was compassionate. The service users and relatives advised that carers treat them with dignity and respect, and care has not been provided in a rushed manner. Service users, as far as possible, are given their choice in regards to meals and personal care.

Views of service users and relatives have been sought through home visits, phone calls and questionnaires to assess satisfaction with the care that has been provided by Ann’s Homecare. Examples of some of the comments made by service users or their relatives are listed below:

- “Some go above and beyond.”
- “They’re all excellent.”
- “Couldn’t be better.”
- “Not rushing; have time for a bit of a chat.”

Compliments reviewed during inspection provided the following information in support of compassionate care:

- ‘Thank you for looking after my late father and the high standard of care you provided to him.’ (Thank you card from a late service user’s family).
- ‘The family of xxx were very appreciative of the care and support the staff gave to xxx. Many thanks. (Email from a social worker following feedback from service user’s family).
- ‘Thank you to you all, we would highly recommend the company and are very grateful for the care provided.’ (Thank you card from a late service user’s family).

Staff spoken with during the inspection demonstrated appropriate knowledge regarding the delivery of compassionate care and described practices supporting individual service user’s wishes, dignity and respect.

Some staff comments received during the inspection:

- “This is the best job ever, I love my clients. I feel we are helping them enjoy their later years at home just as they want”.
- “It is very sad when a service user dies; we feel it especially after building a relationship sometimes over many months or years.”

The returned questionnaires from staff members indicated that they were ‘very satisfied’ that the care was compassionate. No written comments were received.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users. Discussions with staff and compliments reviewed supported good practice in the area 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 examined management and governance systems in place to meet the needs of service users. It was noted that robust systems of management and governance have been established and implemented at the agency.

The agency’s Statement of Purpose and Service User Guide were noted to have been regularly reviewed and updated. The organisational and management structure of the agency is outlined

in the Statement of Purpose; it details lines of accountability. The registered person/manager is supported by a general manager, quality manager, seven care managers, eight team leaders a training officer clerical staff and teams of care workers.

A range of policies viewed by the inspector were noted to have been reviewed, updated or being updated in accordance with timescales outlined within the minimum standards. Policies and procedures are maintained on an electronic system accessible to all staff, and policies in a paper format are retained in the office and used by staff daily.

Staff records indicated that they had received training relating to record keeping, confidentiality and data protection. On the day of inspection the agency's staff personnel and service user records were retained securely and in an organised manner.

The agency maintains a variety of processes to ascertain and respond to the views of service users such as monthly quality monitoring, review meetings and the annual quality survey.

The inspector noted the positive feedback received by the agency following their annual quality review for 2017/2018. The inspector noted that the information collated during the annual survey was shared with service users by team leaders during their monitoring visits in April 2018 and shared with staff via their noticeboards and staff 'Newsletter'.

The inspector viewed examples of the service user 'News' sheet and staff 'Newsletter' distributed twice yearly since in winter 2017. These documents provided a variety of information and guidance relating to their care service. One example highlighted the fundraising success for the Southern Area Hospice and staff NVQ levels 2 and 3 completed by care workers along with fire risk safety alerts.

Monthly quality monitoring reports were viewed for May to July 2018. These reports evidenced that the monitoring of the quality of service provided was in accordance with minimum standards. Each report contained a summary of consultation with service users, their relatives, staff and other professionals and evidenced how any issues arising had been managed. The reports also included details of a review of accidents, incidents, staffing arrangements, training undertaken and audits of documentation.

All of the service users and relatives spoken to confirmed that they are aware of whom they should contact if they had any concerns regarding the service. No concerns regarding the management of the agency were raised during the interviews.

The agency maintains and implements a policy relating to complaints and compliments. The inspector noted a range of complaints had been received since the last inspection. A sample of records reviewed confirmed that each was appropriately managed in accordance with the agency's policy, and where possible the matters had been resolved.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The manager was able to discuss the ways in which staff development and training equips staff to engage with a diverse range of service users. Some of the areas of equality awareness identified during the inspection include: effective communication, service user involvement, advocacy, equal care and support, individual person centred care.

The agency collects equality data of service users such as; age, gender, disability, marital status via their referral information process.

The agency has regular team meetings in which opportunities were given to share learning. The minutes of these meetings were detailed and informative reflecting effective communications within the team.

A staff member commented during the inspection:

- “The staff meetings and supervisions are helpful for me to keep up to date with things. The manager and office staff are all approachable and the on call system is great, as it means we can get advice or guidance at any time if needed.”

The returned questionnaires from staff members indicated that they were ‘very satisfied’ that the service was well-led. No written comments were received.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to quality monitoring 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

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



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)