

Unannounced Domiciliary Care Agency Inspection Report 17 November 2016



Ann's Homecare Ltd

Type of service: Domiciliary Care Agency
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Tel no: 02838851108
Inspector: Amanda Jackson

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Ann's Homecare Ltd took place on 17 November 2016 from 09.15 to 15.45 hours.

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

Is care safe?

On the day of the inspection the agency was found to be delivering safe care. The agency operates a staff recruitment system and induction training programme to ensure sufficient supply of appropriately trained staff at all times. The welfare, care and protection of service users is supported through the identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the Health and Social Care (HSC) Trust.

No areas for quality improvement were identified.

Is care effective?

On the day of the inspection the agency was found to be delivering effective care. The agency responds appropriately to the needs of service users through the development and review of care plans. The agency's systems of quality monitoring have been implemented consistently in line with regulations and standards, providing continuous review of services in conjunction with service users and their representatives.

No areas for quality improvement were identified.

Is care compassionate?

On the day of the inspection the agency was found to be delivering compassionate care. The agency's daily operation includes communicating with, listening to and valuing the views and wishes of service users and their representatives.

No areas for quality improvement were identified.

Is the service well led?

On the day of the inspection the agency was found to be well led. The management had supportive structures to guide staff. Staff working within the agency had a clear understanding of their roles and responsibilities within the management structure, and had confidence in the lines of accountability. Service users and their representatives were provided with information on the organisational structure and how to contact the agency as necessary. The inspector reviewed evidence of effective communication by the agency with the HSC Trust regarding changes in service users' needs.

No areas for quality improvement were identified.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Mrs Ann McQuade, registered person and manager, the agency operations manager and general 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.

1.2 Actions/enforcement taken following the most recent care inspection

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

2.0 Service details

Registered organisation/registered person: Ann's Homecare Ltd/Mrs Ann Caroline McQuade	Registered manager: Mrs Ann Caroline McQuade
Person in charge of the service at the time of inspection: Mrs Ann Caroline McQuade	Date manager registered: 17 February 2009

3.0 Methods/processes

Prior to inspection the inspector analysed the following records:

- Previous inspection report
- Record of notifiable events for 2015/2016
- Record of complaints notified to the agency.

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

- Discussion with the registered person and manager and the operations manager
- Consultation with six care staff
- Examination of records
- File audits
- Evaluation and feedback.

Prior to the inspection the UCO spoke with five service users and twelve relatives, either in their own home or by telephone, between 02 and 16 November 2016 to obtain their views of the service. The service users interviewed informed the UCO that they received assistance with the following:

- Management of medication
- Personal care
- Meals
- Sitting service.

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

On the day of inspection the inspector met with six care staff to discuss their views regarding care and support provided by the agency, staff training and staffs general knowledge in respect of the agency. Staff feedback is contained within the body of this report.

The registered manager was provided with ten questionnaires to distribute to randomly selected staff members for their completion. The questionnaires asked for staff views regarding the service, and requesting their return to RQIA. Six staff questionnaires were returned to RQIA. The content of the questionnaires is discussed in the main body of the report.

The following records were examined during the inspection:

- Recruitment policy and procedure
- Three recently recruited staff members records
- Induction policy and procedure, programme of induction and supporting templates
- Three recently recruited staff members induction and training records
- Training and development policy and procedure
- Supervision and appraisal policy and procedure
- Three long term staff members quality monitoring, supervision and appraisal records
- Three long term staff members training records
- Three staff duty rotas
- Staff handbook
- Vulnerable adults policy and procedure
- Whistleblowing policy and procedure
- Three safeguarding records
- Three new service user records regarding referral, assessment, care planning and introductory visits
- Three long term service user records regarding review, reassessment and quality monitoring
- Management, control and monitoring of the agency policy
- Record keeping and reporting policy and procedure
- Management of records policy and procedure
- The agency's service user guide/agreement
- The agency's statement of purpose;
- Three service users home recording records
- Three monthly monitoring reports completed by the registered person and manager;
- Annual quality report
- Staff and service user memo's regarding annual report findings
- Three compliments

- Three staff meeting minutes
- Three communications to trust professionals/keyworkers regarding changes to service users care
- Confidentiality policy and procedure
- Data protection policy and procedure
- Complaints policy and procedure
- Three complaints records
- Policy on reporting accidents and adverse incidents
- Policy on incident reporting to RQIA.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 10 December 2015

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

4.2 Review of requirements and recommendations from the last care inspection Dated 10 December 2015

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

4.3 Is care safe?

The agency currently provides services to 891 service users living in their own homes within the Southern Health and Social Care Trust (SHSCT) and the Northern Health and Social Care Trust (NHSCT). A range of policies and procedures were reviewed relating to staff recruitment and induction training. The inspector found these policies to be up to date and compliant with related regulations and standards.

Three files were reviewed relating to recently appointed staff. The registered person and manager verified all the pre-employment information and documents had been obtained as required and this was confirmed during inspection review of the records. An induction programme had been completed with each staff member and incorporated elements of the Northern Ireland Social Care Council (NISCC) induction standards. The majority of staff are currently registered with NISCC with the remaining staff working towards registration in line with NISCC timeframes. This was confirmed during inspector discussions with staff. One of the six care staff interviewed during the inspection day, had commenced employment within the previous year. This staff member described their recruitment and induction training processes in line with those found within the agency procedures and records.

The UCO was advised by the majority of the service users and relatives interviewed that there were no concerns regarding the safety of care being provided by Ann's Homecare. One relative felt that personal care can be rushed and the matter was discussed with the registered person and manager during inspection. The Inspector was provided with assurance this matter would be reviewed following the inspection.

New carers had been introduced to the service user by a regular member of staff; this was felt to be important both in terms of the service user's security and that the new carer had knowledge of the required care.

No issues regarding the carers' training were raised with the UCO by the service users or relatives; examples 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 speak highly enough."
- "More than happy."
- "I trust the girls to care for XXX without watching over them."

The agency's policies and procedures in relation to safeguarding vulnerable adults and whistleblowing were reviewed. The Safeguarding policy and procedure provided information and guidance in accordance with the required standards. The policy has recently been updated in line with the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) updated vulnerable adults guidance issued in July 2015 ('Adult Safeguarding Prevention and Protection in Partnership'). Evidence of the new policy being shared with a number of staff was evident during inspection with a roll out programme for all staff in place. The agency's whistleblowing policy and procedure was found to be satisfactory.

Staff training records viewed for 2016 confirmed all care staff had completed the required mandatory update training programme. The training plan for 2016 was viewed and contained each of the required mandatory training subject areas along with other training relevant to service users care and support needs including dementia and first aid training. Training is facilitated by external trainers. Discussion during inspection with care staff confirmed satisfaction with the quality of training offered. Staff spoke of additional opportunities available for training in areas where staff felt they required more knowledge such as first aid and dementia.

Records reviewed for three long term staff members evidenced mandatory training, quality monitoring, supervision and appraisal as compliant with agency policy timeframes. Staff spoken with during the inspection confirmed the availability of continuous ongoing update training.

Staff questionnaires received confirmed that update training, supervision and appraisal had been provided ongoing. Staff feedback supported service users being safe and protected from harm with care plans and risk assessments in place which support safe care.

Safeguarding was discussed during inspection; the registered manager confirmed one matter had arisen since the previous inspection which was reportable to RQIA alongside a number of other safeguarding referrals made to the trust where concerns had arisen. The registered person and manager and the operations manager presented appropriate knowledge in managing matters when they arise. Review of the incident reported to RQIA alongside two other incidents reported to the trust confirmed appropriate procedures in place with the agency. All records were centrally maintained and available for review.

Each of the six staff interviewed had a clear understanding of their roles and responsibility to identify and report actual or suspected abuse. They also described their role in relation to reporting poor practice and their understanding of the agency's policy and procedure on whistleblowing.

A sample of three service user files confirmed that the agency management had carried out ongoing review of services with service users/representatives. The registered person and manager and the operations manager confirmed that the agency implement an ongoing quality monitoring process as part of their review of services and this was evident during review of three service users’ records. The registered person and manager and operations manager confirmed that trust representatives were contactable when required and good communication between the agency and trust professionals was reviewed during inspection.

Service users spoken with by the UCO, staff spoken with during the inspection and review of agency rotas suggested the agency have appropriate staffing levels in various roles to meet the needs of their service user group.

Review of records management arrangements within the agency supported appropriate storage and data protection measures were being maintained.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.4 Is care effective?

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding carers’ timekeeping; however one relative felt that care can be rushed. The service users and relatives interviewed also advised that they had not experienced any missed calls from the agency.

Service users advised that they were usually introduced to new carers by a regular carer. It was also confirmed that new carers had been made aware of the care required.

The majority of the service users and relatives interviewed raised no issues with the UCO regarding communication between themselves and the staff from Ann’s Homecare. However there were mixed results regarding home visits having taken place or that they had received a questionnaire to ensure their satisfaction with the service. These matters were discussed with the registered person and manager, the operations manager and general manager and feedback provided by the agency post inspection to confirm quality monitoring which has taken place.

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

- “No complaints at all.”
- “Couldn’t fault any of them.”
- “No problems with them.”

As part of the home visits the UCO reviewed the agency’s documentation in relation to six service users and two care plans required to be updated. The registered person, manager, operations manager and general manager confirmed the documentation would be reviewed post inspection.

The agency's recording policy and associated procedures on 'Record keeping and reporting' had been revised in 2016. The agency maintained recording templates in each service user's home file on which care staff record their visits. The inspector reviewed three completed records returned from service user's homes, which confirmed appropriate procedures in place. One matter regarding the recording by staff on call times was discussed during inspection. Feedback provided by the agency post inspection supported appropriate quality monitoring with this service user and no issues raised regarding times of staff calls. Assurances were provided that ongoing quality monitoring of this service would review staff times and recording.

Staff interviewed demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their managers if any changes to service users' needs are identified. Staff interviewed and questionnaire feedback confirmed ongoing quality monitoring is completed by their managers to ensure effective service delivery.

The registered person and manager confirmed discussion of records management during staff team meetings as necessary and during training updates. Discussion with six care staff during the inspection supported review of this topic as necessary.

Service user records viewed included referral information received from the HSC Trust and contained information regarding service user and/or representatives. The referrals detailed the services being commissioned and included relevant assessments and risk assessments professionals as necessary. The assessments and care completed by the agency ongoing evidence that service users and/or representative's views are obtained and where possible incorporated. The service user guide issued to service users at commencement of the care package includes details regarding advocacy services should service users require support in reviewing their care package or making a complaint. The agency have provided the service user guide in an alternative format for one service user and this was reviewed during inspection to ensure appropriate communication and equality to all service users.

Service user records evidenced that the agency carried out ongoing reviews with service users regarding their care plan during the course of their time with the service. Questionnaires are provided for service users to give feedback on an annual basis. Evidence of this process was reviewed during inspection in terms of the annual quality report. Service user files reviewed during inspection contained evidence of communications between the service users, relatives and professionals where changing needs were identified and reassessments resulted in amended care plans. The agency maintains a system for providing updates to other trust professionals and evidence of this process was reviewed during inspection.

The agency has completed their annual quality report for 2016 and this was reviewed during inspection. The registered person and manager and operations manager confirmed a summary of findings and improvements planned are provided to service users and staff and memo's to this effect were reviewed during inspection.

Staff interviewed on the day of inspection confirmed that they were provided with details of care planned for each new service user. Staff also stated they were kept informed regarding changes to existing service user care plans. Staff described aspects of care provision which reflected their understanding of service user's choice, dignity, and respect.

Staff questionnaires received suggested service users are involved in care plan development and receive the right care, at the right time and with the best outcome for them. One staff commented, 'all care is carried out to an excellent standard and all service users are encouraged to remain as independent as possible'.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.5 Is care compassionate?

The majority of the service users and relatives interviewed by the UCO felt that care was compassionate and carers treat them with dignity and respect. One relative felt that care can be rushed which was discussed with the registered person and manager, operations manager and general manager. Feedback provided by the agency post inspection confirmed this matter had been reviewed. Service users, as far as possible, are given their choice in regards to meals and personal care.

There were mixed results regarding the views of service users and relatives having been sought through home visits and questionnaires to ensure satisfaction with the care that has been provided by Ann's Homecare. Assurances provided during the inspection and post inspection supported appropriate quality monitoring procedures in place in accordance with the agency policies and procedures. Examples of some of the comments made by service users or their relatives are listed below:

- "I like having the same girls and having some craic with them."
- "Very, very nice girls."
- "Couldn't do without them."

Records viewed in the agency office and discussions with staff confirmed that observation of staff practice was carried out within service users' homes on an ongoing basis. Records reviewed by the inspector highlighted no concerns regarding staff practice during spot checks/monitoring visits.

Staff spoken with during the inspection presented appropriate knowledge around the area of compassionate care and described practices supporting individual service user's wishes, dignity and respect. Staff also demonstrated a clear understanding regarding service user confidentiality in line with the agency policy and confirmed they sign a confidentiality statement at employment commencement; this was evidenced within staff recruitment files reviewed during inspection.

Staff questionnaires received indicated that staff believed service users were treated with dignity and respect and were involved in decisions affecting their care. Questionnaires also supported appropriate information is provided to service users regarding their rights, choices and decisions about care. One staff commented, 'All service users are given an introduction visit so they understand the contents of the care package, this includes informing clients to make their own choices and decisions and encouraging them to remain as independent as possible'.

The agency implement service user quality monitoring practices on an ongoing basis through home visits by the agency management team. Records reviewed during inspection support ongoing review of service user's needs with evidence of revised care plans. Quality monitoring from service user visits alongside monthly quality reports and the annual quality report

evidenced positive feedback from service users and their family members. Compliments reviewed during inspection provided the following information in support of compassionate care:

- ‘The service user is receiving fantastic care from the agency and they think very highly of the service’ (Commissioner feedback during monthly monitoring).
- ‘The carers were excellent and went over and above to ensure the service users’ needs were catered for (Trust professional feedback during monthly monitoring).
- ‘Thanks to all the carers for the great care they have given over the previous months (Thank you card).
- ‘Thanks to the carers for ‘their tremendous sensitivity and dedication (Thank you card).

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.6 Is the service well led?

The RQIA registration certificate was up to date and displayed appropriately. Under the direction of the registered person and manager Mrs Ann McQuade the agency provide domiciliary care to 891 people living in their own homes.

Discussion with the registered person and manager, operations manager and staff evidenced that there was a clear organisational structure within the agency. Staff were able to describe their roles and responsibilities.

The Statement of Purpose and Service Users Guide were reviewed and found to be appropriately detailed regarding the nature and range of services provided.

The policy and procedure manual was reviewed and contents discussed with the registered person and manager and the operations manager. This is currently being revised and updated by the operations manager. Staff confirmed that they had access to the agency’s policies and procedures. The arrangements for policies and procedures to be reviewed at least every three years was found to have been implemented consistently.

All of the service users and relatives interviewed confirmed that they are aware of whom they should contact if they had any concerns regarding the service. The majority of the people interviewed had no concerns regarding the management of the agency; however one relative felt that communication can be poor. This feedback was shared with the registered person and manager, the operations manager and during inspection. Assurances were provided during the inspection and post inspection that ongoing quality monitoring of the service takes place in accordance with the agency’s policy and procedure timeframes.

The agency’s complaints information viewed within the service user guide was found to be appropriately detailed, including the contact information of independent advocacy services.

The complaints log was viewed for 2015 and 2016 to date, with a range of complaints logged. Review of three complaints during inspection supported appropriate procedures in place. Monthly quality monitoring reports included a section for complaints review ongoing as necessary.

Discussion with the registered person and manager and operations manager supported that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. A number of medication reportable incidents and one safeguarding matter had occurred since the previous inspection and reported accordingly.

The inspector reviewed the monthly monitoring reports for July, August and September 2016. The reports evidenced that the registered person and manager alongside the operations manager monitor the quality of service provided in accordance with minimum standards. Reports are reviewed and signed off ongoing by the registered person and evidence of this process was confirmed during inspection.

The six care staff interviewed indicated that they felt supported by senior staff who were described as firm but fair, very understanding, supportive and always available to discuss matters both in person or via telephone. Staff discussed quality monitoring, supervision, team meetings, annual appraisal and training processes as supportive and informative in providing quality care to service users.

Staff supported that current staffing arrangements are appropriate in meeting service users' needs and this was also reflected in staff questionnaires returned to RQIA.

Ongoing electronic and written communications with trust professionals/commissioners was presented during inspection and supported an open and transparent communication system between the agency and the commissioning trust.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards.



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