

**Unannounced Care Inspection  
of  
Fermanagh Homecare Services**

**29 April 2015**

## 1. Summary of Inspection

An unannounced care inspection took place on 29 April 2015 from 10.00 to 15.30. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	1

The details of the QIP within this report were discussed with the registered person/manager Jacqueline Campbell as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Fermanagh Homecare Services/Jacqueline Campbell	<b>Registered Manager:</b> Jacqueline Campbell
<b>Person in charge of the agency at the time of Inspection:</b> Jacqueline Campbell	<b>Date Manager Registered:</b> 4 March 2009
<b>Number of service users in receipt of a service on the day of Inspection:</b> 212	

### 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following themes have been met:

**Theme 1: The views of service users and their carers/representatives shape the quality of services provided by the agency.**

**Theme 2: Management systems and arrangements are in place that support and promote the quality of care services.**

### 4. Methods/Process

Prior to inspection the following records were analysed:

- Previous inspection report
- Previous returned quality improvement plan
- Records of notifiable events for 2014/15
- User Consultation Officer (UCO) report

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

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

Prior to the inspection the User Consultation Officer (UCO) spoke with six service users and ten relatives, either in their own home or by telephone, between 23 and 27 April 2015 to obtain their views of the service. The service users interviewed are receiving assistance with the following:

- Management of medication
- Personal care
- Meals
- Housework

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

During the inspection the inspector met one member of care staff and her feedback is contained within the body of this report.

The following records were examined during the inspection:

- Four care plans and risk assessments
- Four HSC Trust referrals
- Four service user agreements
- Care review, quality monitoring visit/ survey feedback records
- Four service user daily logs

- Monthly monitoring reports for January, February and March 2015
- Annual quality review report for 2014
- Compliments log and sampled three records for 2014/2015
- Complaints log and sampled four records for 2014/2015
- Notification of incidents log and record for 2014/2015
- Staff meeting minutes for April 2015
- On-call communication record
- Staff duty rota for April/May 2015
- Four staff training records
- Four staff monitoring/supervision records

## 5. The Inspection

Fermanagh Homecare Services is situated in the town of Enniskillen Co Fermanagh. The agency provides domiciliary care to 212 service users by a team of 60 staff. Services are provided to older people, adults with a physical disability, a learning disability and those with mental health care needs living in their own homes. These services include personal care, social support, meal preparation and domestic duties. Currently the agency does not provide services to children or young people. The localities served are all within the geographical area of Co. Fermanagh. The Western HSC Trust commissions their services.

### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an unannounced care inspection dated 24 July 2014. The completed QIP was returned and approved by the care inspector.

### 5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 5 (1) Schedule 1 (7)	The registered person/manager is required to expand their 'Statement of Purpose' to include their current staffing structure and the roles and responsibilities of each grade of staff within the organisation.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspector confirmed that the 'Statement of Purpose' had been expanded in September 2014 to include their current staffing structure and the roles and responsibilities of each grade of staff within the organisation.	

<b>Requirement 2</b>  <b>Ref:</b> Regulation 13 Schedule 3	The registered person/manager is required to expand their 'Staff Recruitment' procedure to include details of the full Access NI application process.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspector confirmed that the 'Staff Recruitment' procedure had been expanded and implemented to include details of the full Access NI application process.	
<b>Requirement 3</b>  <b>Ref:</b> Regulation 21 (2)	The registered person/manager is required to ensure that a copy of care plans and risk assessments are maintained within each service user's home files.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspector confirmed that a system is in place to ensure a copy of care plans and risk assessments are maintained within each service user's home files	
<b>Previous Inspection Recommendations</b>		<b>Validation of Compliance</b>
<b>Recommendation 1</b>  <b>Ref:</b> Minimum Standard 13.3 & 13.5	The registered person/manager is recommended to ensure senior staff receives recorded appraisals and formal supervision meetings in line with their procedure timescale.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Records evidenced that senior staff had received recorded appraisals and formal supervision meetings in line with their procedure timescale.	
<b>Recommendation 2</b>  <b>Ref:</b> Minimum Standard 12	The registered person/manager is recommended to develop a 'Staff Training and Development' policy and procedure in line with RQIA mandatory training guidelines (September 2012).	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector reviewed the 'Staff Training and Development' policy and procedure developed and implemented from October 2014 which was found to be in line with RQIA mandatory training guidelines (September 2012).	

<b>Recommendation 3</b>  <b>Ref:</b> Minimum Standard 5.2	The registered person/manager is recommended to expand their procedure on 'Restraint' to include the use of various types of restraint; their management plans/risk assessments and the frequency of review of same. The registered manager is recommended to ensure that, where relevant, care plans and risk assessments are in place to include management plans relating to the area of restraint.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Records evidenced that the procedure on 'Restraint' had been expanded to include the use of various types of restraint; their management plans/risk assessments and the frequency of review of same. Records verified that a system has been implemented to ensure that, where relevant, care plans and risk assessments are in place to include management plans relating to the area of restraint.	
<b>Recommendation 4</b>  <b>Ref:</b> Minimum Standard 5.6	The registered person/manager is recommended to ensure that full financial records are maintained consistently within service users log records.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Records evidenced that, where applicable, a system is in place to ensure that full financial records are maintained consistently within service users log records. No service users are currently in receipt of financial assistance therefore no records available for review.	

### 5.3 Theme 1 - The views of service users and their carers/representatives shape the quality of services provided by the agency.

#### Is Care Safe?

Service user referral information received from HSC Trust care managers contained limited information regarding service user and/or representative's views. The referrals detailed the services being commissioned and relevant risk assessments. The agency care plans and risk assessments completed during their initial visit at service commencement contained evidence that service users and/or representative's views had been obtained and incorporated, where possible. It was good to note that service users or their representatives are included in decision making regarding their care plan, either at service commencement or during reviews. They are also given the opportunity to comment on the quality of service either during home visits, by telephone or annual surveys for the agency.

The documentation relating to four service users were reviewed by the UCO during the home visits. All files contained a service user's care plan and risk assessment; however one risk assessment contains out of date information which was updated on day of inspection. Basic information regarding the service user's condition was included in the care plans or risk assessments.

The UCO was advised that new carers are usually 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 the carer's knowledge of the required care.

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

- "Satisfied with the service."
- "Would recommend the girls I have."

Overall, on the day, the inspector found that care delivery was safe.

### **Is Care Effective?**

The UCO was informed by all of the people interviewed that there no concerns regarding the service, however they are aware of whom they should contact if any issues arise. One relative had made a complaint to the service and was satisfied with the outcome.

Several of the people interviewed were able to confirm that management visits to discuss the care being provided and observe staff practice had taken place. The UCO was also informed that the agency send out questionnaires to the service users to obtain their views of the service. The registered manager confirmed that assistance is provided to those service users who are unable to complete the questionnaire due to their condition so that they are able to provide feedback about their care. However a summary of their annual quality review report had not been provided to service users or representatives, and it is recommended that this is provided to service users and their carers/representatives.

The complaints records sampled during inspection were found to be appropriately detailed and demonstrated the actions taken to resolve the matters in a timely manner.

The compliments records reviewed during inspection contained extremely positive feedback regarding the care provided and these had been shared with staff at team meetings and individually. Examples of some comments noted during monitoring visits; "very vigilant carer who noticed my relative short of breath and doctor called, thank you," "thanks for arranging extra care time for my relative."

The most recent monthly monitoring reports reviewed evidenced working practises are being systematically reviewed along with information relating to ongoing quality monitoring feedback and actions taken. Service user records viewed in the agency office evidenced how feedback received had been followed up. These records found that the agency carried out care review visits with service users at least annually, or when changes to their needs were identified.

The staff member interviewed on the day of inspection confirmed that they are provided with details of care planned for each new service user or when changes to current service users' needs are agreed. She provided examples to demonstrate how carers promote service user independence and choices.

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

- “Very happy with them. They have developed a good relationship with each other.”
- “Couldn’t complain about them.”

Overall on the day the inspector found that care delivery was effective. One area for improvement was recommended in relation to this theme.

### **Is Care Compassionate?**

The people interviewed by the UCO raised no concerns regarding the quality of care being provided by the carers from Fermanagh Homecare. Great importance was placed on the benefit of care being provided by consistent carers as it enables a good relationship to develop; this is accommodated by the agency as far as possible.

No concerns were raised regarding the carers treating the service users with dignity or respect, or that care is being rushed. Service users, as far as possible, are given their choice in regards to meals and personal care, and are allowed to complete tasks themselves if appropriate.

Service users or their relatives informed the UCO that they felt that the carers are appropriately trained and knowledgeable regarding the service user’s condition. Examples given included an understanding of Multiple Sclerosis (MS), and working with service users with limited verbal communication and mobility.

The staff member interviewed confirmed that training provided had been relevant to allow her to meet the service users’ particular needs. She also confirmed that service users’ views and experiences are taken into account, as far as possible, in the way service is delivered.

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

- “Very, very well looked after.”
- “Couldn’t wish for better.”

Overall on the day the inspector found that care delivery was compassionate.

### **Areas for Improvement**

One area for improvement has been recommended in relation to this theme.

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>1</b>
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## **5.4 Theme 2 – Management systems and arrangements are in place that support and promote the quality of care services.**

### **Is Care Safe?**

A range of management systems, policies and processes relating to communication channels with service users and their relatives were viewed. These included daily contacts, on call arrangements and management of missed calls. Where relevant, records confirmed that information had been communicated to the commissioning trust via telephone calls and emails.

Overall on the day the inspector found that care delivery was safe.

### **Is Care Effective?**

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding the carer's timekeeping and they are usually contacted by the agency if their carer has been significantly delayed.

One relative confirmed that there had been an issue with missed calls about two years ago which had been raised with the agency. There have been no further incidents following their complaint.

There were four reported occasions when calls were missed by the agency staff. Management of missed or late calls and changes to service user needs were reviewed during inspection as taking place and had been evidenced as appropriately managed. Records evidenced that where missed or poor timekeeping had been identified, the staff involved had been appropriately managed through supervision to address the issues.

The registered person/manager explained that on occasions, calls were noted as 'missed' when in fact the service user had not been home, but the agency had not been informed by the care manager/social worker/hospital discharge team or family. This was verified on review of the on call log records.

The staff member interviewed confirmed that she felt supported by senior staff, demonstrated a clear understanding of her reporting processes if running late for next service user visit or were unable to gain access a service user's home.

Overall on the day the inspector found that care delivery was effective.

### **Is Care Compassionate?**

During UCO contacts, no concerns were raised regarding the length of calls; none of the people interviewed felt that care was being rushed.

Example of a comment made by a service user or their relative below:

- "They have never let us down."

Overall on the day the inspector found that care delivery was compassionate.

## Areas for Improvement

No areas for improvement were identified regarding this theme.

<b>Number of Requirements</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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### 5.3 Additional Areas Examined

The inspector reviewed the agency's RQIA notification of incidents log, with one report received during the past year. Review of this medication incident report evidenced that it had been recorded and report to RQIA and the referring HSC Trust within the required timeframes with appropriate action taken to address the matter.

## 6. Quality Improvement Plan

The issue identified during this inspection is detailed in the QIP. Details of this QIP were discussed with the registered person/manager Jacqueline Campbell and Paula Cox the senior coordinator as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of 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.

### 6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

### 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards, 2011 etc. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

### 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to [agencies.team@rqia.org.uk](mailto:agencies.team@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the agency. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the agency.

Quality Improvement Plan			
Recommendations			
<b>Recommendation 1</b>  <b>Ref:</b> Standard 1.9 <b>Stated:</b> First time  <b>To be Completed by:</b> 29 August 2015	The registered person/manager is recommended to provide a summary of their annual quality review report to service users and their cares/representatives, and a copy of the full report available on request.		
	<b>Response by Registered Manager Detailing the Actions Taken:</b> The annual quality review report will be distributed to all clients; they will also be informed that the full report is available for inspection if they so wish.		
<b>Registered Manager Completing QIP</b>	Jacqueline Campbell	<b>Date Completed</b>	1/6/2015
<b>Registered Person Approving QIP</b>	Jacqueline Campbell	<b>Date Approved</b>	1/6/2015
<b>RQIA Inspector Assessing Response</b>	<b>Caroline Rix</b>	<b>Date Approved</b>	<b>23/06/15</b>

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