

Announced Care Inspection Report

23 June 2016



Fermanagh Homecare Services

Domiciliary Care Agency (DCA)
1 Mill Street, Enniskillen, BT74 6AN
Tel No: 028 6632 8808

Inspector: Jim McBride
User Consultation Officer: Clair Mc Connell

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of Fermanagh Homecare Services took place on 23 June 2016 from 11.15 to 15.00.

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 ensured through the identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the 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 and support plans. The agency's systems of quality monitoring were found to be 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 effective care. The agency responds appropriately to the needs of service users through the development and review of care and support plans including continuous review of services in conjunction with 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. 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. One area for quality improvement was identified.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the Domiciliary Care Agencies Minimum Standards, 2011 and previous inspection outcomes and any information we have received about the service since the previous inspection.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Jacqueline Helen Campbell, the registered provider, 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.

1.2 Actions/enforcement taken following the most recent care inspection

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

2.0 Service details

Registered organisation / registered provider: Jacqueline Campbell	Registered manager: Jacqueline Campbell
Person in charge of the agency at the time of inspection: Senior Care Assistant	Date manager registered: 4 March 2009

3.0 Methods/processes

Prior to inspection the inspector analysed the following records:

- Previous inspection report
- Previous returned quality improvement plan(QIP)
- Record of notifiable events for 2015/2016
- User Consultation Officer (UCO) report.

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

- Discussion with the registered manager and senior care assistant
- Examination of records
- File audits
- Evaluation and feedback.

Prior to the inspection the UCO spoke with four service users and seven relatives, either in their own home or by telephone, on 13 and 20 June 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
- Housework.

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

At the request of the inspector the manager was asked to distribute ten questionnaires to staff for return to RQIA, three questionnaires were returned.

The following records were examined during the inspection:

- Four service user records in respect of referral, assessment, care plan and review
- Four service user records in respect of the agency quality monitoring contacts
- Four staff quality monitoring records
- Staff training schedule including:
 - Vulnerable adults
 - Challenging behaviour
 - First aid
 - Infection control
- Staff duty rotas for w/b 23/5/16-20/6/16-27/6/16
- Quality monitoring records
- Annual quality report 2015
- The agency's Statement of Purpose
- Policies and procedures relating to; staff recruitment, supervision, induction, safeguarding whistleblowing, recording, confidentiality, incident notification and complaints
- Records of incidents reportable to RQIA in 2015/2016
- Complaints records.

4.0 The inspection

Fermanagh Homecare Services is situated in the town of Enniskillen Co Fermanagh. The agency provides domiciliary care to 179 service users by a team of 50 care 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. Currently the agency does not provide services to children or young people. The localities served are all within the county boundary and include Enniskillen, Lisnaskea, Brookeborough, Roslea, Derrylin, Maguiresbridge and Belcoo. The Western HSC Trust commissions their services.

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

4.1 Review of requirements and recommendations from the most recent inspection dated 29 April 2015

The most recent inspection of the agency was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This QIP was validated by the care inspector during the inspection.

4.2 Review of requirements and recommendations from the last care inspection 29 April 2015.

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 1.9 Stated: First time	The registered person/manager is recommended to provide a summary of their annual quality review report to service users and their carers/representatives, and a copy of the full report available on request.	Met
	Action taken as confirmed during the inspection: The inspector viewed the report available and was informed by the manager that the report was shared with service users, and is available on request.	

4.3 Is care safe?

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

Staff files verified that all the pre-employment information and documents had been obtained as required. An induction programme had been completed with each staff member. A competency assessment had been carried out for each care worker and supervision records maintained.

The UCO was advised by all of the service users and relatives interviewed that there were no concerns regarding the safety of care being provided by Fermanagh Homecare. 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 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 ask for better girls."

- “Would give them 100%.”
- “I really appreciate the help with my XXX.”

The agency’s policies and procedures in relation to safeguarding vulnerable adults and whistleblowing were reviewed. Their ‘Safeguarding and Protecting Service Users’ policy and procedure provided information and guidance as required however, it did not reference 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’. This was discussed with the registered manager who agreed to revise their procedure in line with the DHSSPSNI guidance document.

The agency’s whistleblowing policy and procedure was found to be satisfactory.

Staff training records viewed for 2015 confirmed all care workers had completed the required mandatory update training programme. The training plan contained each of the required mandatory training subject areas along with other training relevant to service users’ care needs.

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.

A sample of service user files confirmed that the agency management had carried out care review meetings with service users/representatives to ensure service user needs were being met. The inspector was given assurances that all information relevant to service users was up to date and available from the HSC Trust as required.

Two returned questionnaires from staff indicated:

- Staff receive appropriate training for their role.
- Staff receive supervision and appraisal.

Areas for improvement

The inspector was content that the registered manager would update the agency’s vulnerable adult policy and procedure in accordance to the July 2015 guidance.

Number of requirements	0	Number of recommendations:	0
-------------------------------	----------	-----------------------------------	----------

4.4 Is care effective?

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding carers’ timekeeping or that care has been 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.

No issues regarding communication between the service users, relatives and staff from Fermanagh Homecare were raised with the UCO.

The service users and relatives advised that home visits and phone calls had taken place; however only one service user was able to confirm that they had received a questionnaire from the agency to obtain their views on the service. Some of the service users and relatives interviewed by the UCO confirmed that they had been involved in trust reviews regarding the care package.

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

- “Couldn’t do without them.”
- “They treat my XXX really well.”
- “Very reliable.”

During the home visits, the UCO reviewed the agency’s documentation in relation to five service users and it was noted that one file did not contain a care plan. Variation in call times and a small number of calls had not been recorded appropriately in the log sheets. These areas were discussed with the senior care assistant who stated that the records were now up to date as they were waiting on HSC Trust equipment to be installed.

A review of the staffing rota for weeks commencing 23 May 2015, 20 June and 27 June 2016 evidenced that the service user visits by care workers were planned. Service users and relatives spoken to by the UCO and staff spoken with during the inspection suggested the agency have appropriate staffing levels in various roles to meet the needs of their service user group.

Service user records viewed included referral information received from the Health and Social Care (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 representatives’ views had been obtained and where possible, incorporated.

Service user records evidenced that the agency carries out care reviews with service users and telephone contacts along with annual surveys to obtain feedback on services provided. Service user files also contained evidence of communications between the agency and care managers where changing needs were identified and reassessments resulted in amended care plans.

The agency had completed an annual quality review report for 2015, with a summary report of findings and improvements planned. The senior care assistant confirmed the summary report had been provided to all service users.

The service users were asked to comment on the following during the annual quality review:

- Would you feel confident telephoning our office, if you had any concerns about your package of care?
- Has the administration staff been courteous, knowledgeable and helpful?
- Were you made aware of the staff that would be providing you care and their expected duties?
- Are carers pleasant, attentive and professional when dealing with you?
- Are carers knowledgeable of the duties expected whilst in your home?
- Are all duties carried out to your satisfaction?
- Are your carers punctual?

The inspector noted the positive comments received by the agency from service users and has added some of the comments to this report:

- “Could not be improved.”
- “My carer is pleasant and punctual and a helpful person, I am happy with her thank you.”

Two returned questionnaires from staff indicated:

- Service users get the right care, at the right time and with the best outcome for them.
- There are systems in place to monitor the quality/safety of the service you provide.

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
-------------------------------	----------	-----------------------------------	----------

4.5 Is care compassionate?

All of the service users and relatives interviewed 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 rushed. 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 and phone calls to ensure satisfaction with the care that has been provided by Fermanagh Homecare. Examples of some of the comments made by service users or their relatives are listed below:

- “It gives me peace of mind to know someone supervises my shower in case I need help.”
- “Pleased with my service.”
- “Couldn’t fault my carer.”

Records viewed in the agency office confirmed that direct observation of staff practice was carried out within service users’ homes on a regular basis.

From the records reviewed by the inspector no staff practice issues were identified during spot checks and monitoring visits. It was good to note positive comments from service users had been recorded on their monitoring records.

The inspector noted the areas monitored during spot checks include:

- Information about the agency
- Internal activities
- Reliability
- Responsiveness
- Empathy
- Restraint
- Timekeeping
- Consistency.

The inspector noted some of the comments made by service users during monitoring checks:

- “I have no concerns.”
- “The girls have a lot to put up with; I’m moody.”
- “They lift my spirits every time.”
- “I never feel rushed.”
- “***** can’t do enough for me.”

Staff questionnaires received by RQIA indicated that staff believed service users were treated with dignity and respect and were involved in decisions affecting their care.

Two returned questionnaires from staff indicated:

- Service users are treated with dignity and respect and involved in decisions affecting their care.
- That the people who use the service have their views listened to.

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
-------------------------------	----------	-----------------------------------	----------

4.6 Is the service well led?

All of the service users and relatives interviewed by the UCO confirmed that they are aware of whom they should contact if they have any concerns regarding the service. No concerns regarding the management of the agency were raised during the interviews.

The RQIA registration certificate was up to date and displayed appropriately. The Statement of Purpose and Service Users Guide were satisfactory.

Discussion with the senior care assistant evidenced that there was a clear organisational structure within the agency.

A number of policies were reviewed and contents discussed with the senior care assistant. The arrangement for policies and procedures to be reviewed, at least every three years, was found to have been implemented.

The complaints log was viewed for 2015 and 2016 to date; five complaints were recorded with satisfactory outcomes.

Discussion with the senior care assistant and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. Incident records viewed demonstrated that appropriate action had been taken with staff on receipt of incident reports.

The inspector reviewed the monitoring arrangements for January to March 2016. These records evidenced that the responsible person had been monitoring the quality of service.

Two returned questionnaires from staff indicated:

- The service is managed well.
- Were satisfied that quality monitoring is undertaken regularly for both staff/volunteers and people who use the service.

Areas for improvement

The registered should complete an overall monitoring report on a monthly basis. This report should summarise the views of service users and/or their carers/representatives, staff and HSC Trust professionals ascertained about the quality of the service provided, and any actions taken by the registered person or the registered manager to ensure that the organisation is being managed in accordance with minimum standards.

Number of requirements	0	Number of recommendations:	0
-------------------------------	----------	-----------------------------------	----------

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms J Campbell the registered person as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 the (Insert Service Type). 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

5.2 Recommendations

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

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to agencies.team@rqia.org.uk / web portal for review by the inspector.

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. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Recommendations	
Recommendation 1 Ref: Standard 8.11 Stated: First time To be completed by: 2 August 2016	The registered should complete an overall monitoring report on a monthly basis. This report should summarise the views of service users and/or their carers/representatives, staff and HSC Trust professionals ascertained about the quality of the service provided, and any actions taken by the registered person or the registered manager to ensure that the organisation is being managed in accordance with minimum standards.
	Response by registered provider detailing the actions taken: Based on RQIA “Monitoring Quality in a Domiciliary Care Agency, Guidance for Registered Providers” a template specific to FHC has been designed. A monitoring officer will undertake completion of same on a monthly basis forthwith post their appointment, this position is currently being advertised.

****Please ensure this document is completed in full and returned to agencies.team@rqia.org.uk from the authorised email address****



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

Tel 028 9051 7500
Fax 028 9051 7501
Email info@rqia.org.uk
Web www.rqia.org.uk
 @RQIANews