



The **Regulation and  
Quality Improvement  
Authority**

**Homecare and Nursing Services Ltd**  
RQIA ID: 10798  
The Ballyhay Centre  
277a Killaughey Road  
Donaghadee  
BT21 0ND

**Inspector: Lorraine O'Donnell**  
**User Consultation Officer: Clair McConnell**  
**Inspection ID: IN023817**

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**Unannounced Care Inspection  
of  
Homecare and Nursing Services Ltd**

**3 March 2016**

**The Regulation and Quality Improvement Authority**  
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## 1. Summary of Inspection

An unannounced care inspection took place on 3 March 2016 from 09.30 to 14.45. 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>	2	6

The details of the QIP within this report were discussed with Mrs Helen Kane, the responsible person and Mrs Jennifer Dodds, the registered manager 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> Homecare and Nursing Services Ltd/Helen Mary Kane	<b>Registered Manager:</b> Jennifer Dodds
<b>Person in Charge of the Agency at the Time of Inspection:</b> Mrs Jennifer Dodds	<b>Date Manager Registered:</b> 5 March 2009
<b>Number of Service Users in Receipt of a Service on the Day of Inspection:</b> 100	

## 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
- Record of notifiable events for 2014/2015

Prior to the inspection, on 21 January 2016, the User Consultation Officer (UCO) spoke with one service user and four relatives, to obtain their views of the service. The service users interviewed live in Ards and North Down area, and receive assistance with the following:

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

The following records were examined during the inspection:

- Three service user records in respect of referral, assessment, care plan and review
- Information and agency initial visit information regarding service user guide and agreements
- Three service user records in respect of the trust review process
- Staff meeting agenda and minutes
- Three staff supervision and appraisal records
- Staff rotas
- Complaints and compliments received by the agency
- Monthly monitoring reports
- Daily log records
- On call rota
- Three communication records with trust professionals

The inspector distributed questionnaires to staff during the inspection. None of these were returned to RQIA by agency staff. On the day of inspection the inspector met with four care staff to discuss their views regarding care provided within the agency; staff training; and staff's general knowledge in respect of the theme areas reviewed. Staff feedback is contained within the body of this report.

### **5. The Inspection**

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

The previous inspection of the agency was an unannounced care inspection dated 4 March 2015. The completed QIP was returned and approved by the 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 15(6)(d)	The registered manager is required to expand their procedure on 'Safeguarding and Protecting Service Users' Money and Valuables' to include the process of monitoring/audits of practice.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector confirmed the safeguarding policy now includes information relating to safeguarding and protecting service users' money and valuables. The manager confirmed the receipt book and documentation relating to service users' money are now audited as part of the service user monitoring visits.	
<b>Requirement 2</b>  <b>Ref:</b> Regulation 13 Schedule 3	The registered manager is required to expand their procedure 'Staff Recruitment' to include all elements listed within schedule 3.	<b>Not Met</b>
	<b>Action taken as confirmed during the inspection:</b> The staff recruitment procedure does not include all the elements listed within schedule 3. The inspector viewed three staff files; these files did not contain health checks for staff and one file contained only one reference.	
Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 8.17	The registered manager and management staff are recommended to complete update training on all outstanding mandatory subjects.	<b>Not Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector viewed the training records for management and care staff. A number of these staff had not completed training in accordance with 'RQIA Guidance on Mandatory Training for Providers of Care in Regulated Services.'	
<b>Recommendation 2</b>  <b>Ref:</b> Standard 13	The registered manager is recommended to expand their 'Staff Supervision and Appraisal' policy and procedure to clearly reflect the processes for management staff supervision and appraisal.	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> The inspector viewed the agency policy for staff supervision and appraisal; this policy included the process for management staff supervision and appraisal.</p>	
<p><b>Recommendation 3</b> <b>Ref:</b> Standard 13.3 &amp; 13.5</p>	<p>The registered person is recommended to undertake appraisals annually, and supervisions with the registered manager in line with their revised procedure timeframes.</p> <p><b>Action taken as confirmed during the inspection:</b> The inspector viewed the appraisal records for the agency management staff. These records indicated that management staff had received appraisal in accordance with the timeframes outlined in the agency policy. However, management staff had not received supervision in accordance with policy timeframes.</p>	<p><b>Partially Met</b></p>
<p><b>Recommendation 4</b> <b>Ref:</b> Standard 5.2</p>	<p>The registered manager is recommended to ensure that the use of restraint i.e. bedrails, is clearly documented within service users' care plans and risk assessments, where appropriate.</p> <p><b>Action taken as confirmed during the inspection:</b> The inspector viewed the records of one service user relating to the use of bedrails; these records contained risk assessments and the care plan accurately reflected the use of bedrails.</p>	<p><b>Met</b></p>
<p><b>Recommendation 5</b> <b>Ref:</b> Standard 5.2</p>	<p>The registered manager is recommended to ensure that the financial assistance by agency staff is clearly documented within service users' care plans, where appropriate.</p> <p><b>Action taken as confirmed during the inspection:</b> The inspector viewed the file of one service user who was receiving financial assistance from agency staff; these records clearly reflected the assistance provided by agency staff.</p>	<p><b>Met</b></p>
<p><b>Recommendation 6</b> <b>Ref:</b> Standard 8.21</p>	<p>The registered manager is recommended to ensure that all necessary pre-employment information is obtained for care staff.</p>	<p><b>Partially Met</b></p>

	<p><b>Action taken as confirmed during the inspection:</b> The inspector viewed three staff files and one of these files did not include Access NI disclosure information. In discussions with the registered manager the inspector was advised that the agency ensured all staff have appropriate Access NI disclosure checks completed prior to employment. The inspector was also given assurances that the disclosure information for this member of staff had been obtained prior to their appointment.</p> <p>This recommendation has not been fully met due to the absence of the documentation on the day of the inspection.</p>	
<p><b>Recommendation 7</b>  <b>Ref:</b> Standard 11.4 &amp; 11.5</p>	<p>The registered manager is recommended to ensure that staff are issued with job descriptions on appointment and a written statement of main terms and conditions prior to employment and no later than thirteen weeks after appointment.</p> <p><b>Action taken as confirmed during the inspection:</b> The inspector viewed three staff files which contained evidence staff were issued with job descriptions and an outline of the main terms and conditions on appointment. The inspector also spoke with four staff who confirmed they had received a job description.</p>	<p><b>Met</b></p>

### 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 commissioners contained information regarding service user and/or representatives' views. The referrals detailed a care plan. The agency care plans and risk assessments completed at service commencement contained evidence that service users and/or representatives' views had been obtained and incorporated; these care plans were person centred. The three files reviewed contained a copy of the service users' care plans, and risk assessments were accurate, up to date and included basic information regarding the service users' conditions. The agency's log sheets in the three files reviewed were being completed appropriately by the carers.

The UCO was advised that service users are usually introduced to new carers by a regular member of staff or advised of their name. This was felt to be important both in terms of the service users' security and the carer's knowledge of the required care.

Feedback from the four staff on the inspection day indicated staff felt care delivery was safe. The four staff who participated in the inspection confirmed they had received observation of

practice by managers from the agency, and had received training to assist them attend to the needs of service users.

### **Is Care Effective?**

The registered manager advised the inspector that service users are invited to complete an annual questionnaire from the agency to obtain the views of the service from service users or their representatives. However, at the time of inspection these questionnaires had not been sent to the service users to complete for this year. Only one service user confirmed they had received a questionnaire. The registered manager advised that the questionnaires are due out in March/April; however, they are reviewing how this is done due to the poor response rate previously.

The agency's annual report was not available at the time of inspection.

The inspector discussed the agency's complaints procedure with the four staff members who participated in the inspection. These individuals demonstrated a clear understanding of the complaints procedure and confirmed they had received training relating to dealing with complaints. The inspector viewed the records of complaints which indicated that the agency had dealt with complaints in accordance with their complaints procedure. The inspector also viewed the record of compliments received by the agency. Examples of the comments these included are:

- "Staff are doing a wonderful job."
- "My carers are very kind and thoughtful."

The UCO was informed by all of the people interviewed that they had not made any complaints regarding the service; however, they are aware of whom they should contact if any issues arise.

Management visits and telephone calls are taking place to discuss their care; however, none of the people interviewed were able to confirm that observation of staff practice had taken place in their home. The registered manager advised that, due to staff shortages in the office, these had not taken place as they should and have only started again recently. Records of these visits were available in the agency office.

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

The most recent monthly monitoring reports reviewed did not evidence working practices are being systematically reviewed. The reports did not contain the views of service users and/or their representatives. The registered manager informed the inspector they would review the format of the monthly report and consider using the template provided by RQIA for future monitoring reports.

### **Is Care Compassionate?**

The people interviewed by the UCO raised no concerns regarding the quality of care being provided by the carers from Homecare and Nursing Services. 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. Examples of some of the comments made by service users or their relatives are listed below:

- “Never had a complaint about the service. Would give them 110%. Have developed a great rapport with my XXX.”
- “Very happy and grateful for the help.”
- “The girls treat my XXX well.”
- “All very nice.”

Service users or their relatives informed the UCO that they felt that the carers are appropriately trained and knowledgeable regarding the service users’ conditions. Examples given included working with service users with limited mobility, arthritis and dementia.

It was good to note that service users or their representatives are included in decision making regarding their care plan. They are also given the opportunity to comment on the quality of service either during home visits, by telephone or surveys from the agency.

### Areas for Improvement

The areas for improvement identified were:

- The registered person is required to provide monthly monitoring reports for inspection which include the views of service users and/or their representatives.
- The registered person ensures the quality of services provided is evaluated on at least an annual basis and follow-up action taken.

<b>Number of Requirements:</b>	<b>1</b>	<b>Number of 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 were in operation within the agency to ensure communication channels with service users and their relatives were maintained. Communications with the referring HSC Trusts appeared appropriate via telephone contacts and emails, and evidence of these communications was provided during the inspection.

The inspector met with four staff during the inspection and these staff informed the inspector of the actions to be taken by them if a call was missed. The service manager informed the inspector that service users were also given details of who to contact if they had any missed calls or concerns relating to the quality of the service. The agency did not maintain a policy outlining a missed calls procedure and the actions to be taken by staff if they miss a call. One service user informed the UCO they had experience of a missed call; however, they were unable to report this to the office as they could not use a phone due to health issues. The



registered manager agreed to look into this missed call and meet with the service user to see if a solution could be found regarding the reporting procedure.

The inspector viewed the training records for staff; these records indicated that a number of the staff had not received training in accordance with the RQIA Guidance on Mandatory Training for Providers of Care in Regulated Services. The registered manager informed the inspector a training schedule had been planned and staff had received letters highlighting the importance of ensuring they were up to date with all training. Evidence of this letter was contained within the staff files viewed by the inspector.

### **Is Care Effective?**

Procedures in place for staff quality monitoring and supervision were reviewed during inspection. The inspector viewed the records of three care staff; these staff had not received supervision and appraisal in accordance with the agency's policy.

Staff interviewed confirmed that they felt supported by senior staff and they demonstrated a clear understanding of their reporting processes if running late for the next service user visit or were unable to gain access a service user's home. The service manager informed the inspector that staff were contacted by phone about changes that occur. The staff who participated during the inspection also confirmed they receive information by phone to update them or draw their attention to specific issues.

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

### **Is Care Compassionate?**

As previously detailed under theme one of this report, the service users and the relatives spoken with highlighted service quality in general to be good with appropriately trained and skilled staff who delivered compassionate care.

### **Areas for Improvement**

The areas for improvement identified were:

- It is recommended that the registered person develops a policy on the management, control and monitoring of the agency. This should include the arrangements for managing missed calls.
- It is recommended that staff have recorded formal supervision meetings in accordance with the procedures.
- It is recommended that mandatory training requirements are met.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>3</b>
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## **6. Quality Improvement Plan**

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Helen Kane, the responsible person and Mrs Jennifer Dodds, the

registered manager 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 should be completed by the registered person/registered manager and 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. 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.

## Quality Improvement Plan

### Statutory Requirements

<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 13(d) Schedule 3</p> <p><b>Stated:</b> Second time</p> <p><b>To be Completed by:</b> 2 May 2016</p>	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless-</p> <p>(d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</p>
	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> An audit has been done on all care workers to ensure that all satisfactory information in relation to schedule 3. A checklist has been implemented to ensure this is kept up to date.</p>
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 23 (1) (5)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> Immediate from date of inspection</p>	<p>(1)The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.</p> <p>(5)The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.</p>
	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> An annual survey questionnaire has been sent to all clients. the response from this has been very good and an annual report is being produced.</p>

### Recommendations

<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 8.17</p> <p><b>Stated:</b> Second time</p> <p><b>To be Completed by:</b> 3 May 2016</p>	<p>The registered person and the registered manager undertake training to ensure they are up to date in all relevant to the management and provision of services, and records of such training are maintained as necessary for inspection.</p>
	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> All management staff have been assigned a training schedule and given until May to complete.</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 13.3</p> <p><b>Stated:</b> Second time</p> <p><b>To be Completed by:</b> Immediate from the date of inspection</p>	<p>Staff have recorded formal supervision meetings in accordance with the procedures.</p>
	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> All management staff will have documented supervision.</p>

<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 8.21</p> <p><b>Stated:</b> Second time</p> <p><b>To be Completed by:</b> Immediate from the date of inspection</p>	<p>The registered person has arrangements in place to ensure that:</p> <ul style="list-style-type: none"> <li>• All necessary pre-employment checks are carried out.</li> <li>• Criminal history disclosure information in respect of the preferred candidate, at the appropriate disclosure level, is sought from Access NI.</li> </ul> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> An audit has been done on all care workers to ensure that all satisfactory information in relation to schedule 3. A checklist has been implemented to ensure this is kept up to date</p>		
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 8.12</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> Immediate from the date of inspection</p>	<p>The quality of services provided is evaluated on at least an annual basis and follow-up action taken. Key stakeholders are involved in this process.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> An annual survey questionnaire has been sent to all clients. the response from this has been very good and an annual report is being produced.</p>		
<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 9.1</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 3 May 2016</p>	<p>Policies and procedures as identified in Appendix 1 are in place and in accordance with statutory requirements.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> All policies and procedures will be updated and all in appendix 1 will be identified.</p>		
<p><b>Recommendation 6</b></p> <p><b>Ref:</b> Standard 12.3</p> <p><b>Stated:</b> First time.</p> <p><b>To be completed by:</b> 3 June 2016</p>	<p>Mandatory training requirements are met.</p> <p><b>Response by Registered Person(s) Detailing the Action Taken:</b> All management staff have been assigned a training schedule and given until May to complete. All staff who have not done their mandatory training have been contacted and a training plan produced.</p>		
<p><b>Registered Manager Completing QIP</b></p>	<p>J Dodds</p>	<p><b>Date Completed</b></p>	<p>22/04/2016</p>
<p><b>Registered Person Approving QIP</b></p>	<p>H M Kane</p>	<p><b>Date Approved</b></p>	<p>22/04/2016</p>
<p><b>RQIA Inspector Assessing Response</b></p>	<p>Lorraine O'Donnell</p>	<p><b>Date Approved</b></p>	<p>26/04/2016</p>

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

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 service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/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 provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.