

Inspection Report

26 September 2022



Homecare and Nursing Services Ltd

Type of service: Domiciliary Care Agency

Address: The Ballyhay Centre, 277a Killaughey Road, Donaghadee,
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

| | |
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| Organisation/Registered Provider: Homecare and Nursing Services Ltd | Registered Manager: Mrs Jennifer Dodds |
| Responsible Individual: Mrs Helen Mary Kane | Date registered: 5 March 2009 |
| Person in charge at the time of inspection: Mrs Jennifer Dodds | |
| Brief description of the accommodation/how the service operates: Homecare and Nursing Services Ltd is a domiciliary care agency based in Donaghadee which provides a range of personal care, social support and sitting services to 70 people living in their own homes. Their services are commissioned by the South Eastern Health and Social Care Trust (SEHSCT). | |

2.0 Inspection summary

An unannounced inspection took place on 26 September 2022 between 10.30 a.m. and 1.25 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), service user involvement, restrictive practices, Dysphagia management and Covid-19 guidance was also reviewed.

One area for improvement identified related to recruitment.

Good practice was identified in relation to the induction and training of staff. There were good governance and management arrangements in place.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed. This included any previous areas for improvement identified, registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the individual choices and freedoms associated with any person living in their own home.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic survey for staff.

4.0 What did people tell us about the service?

During the inspection we spoke with a number of service users, relatives and staff members.

The information provided indicated that there were no concerns in relation to the agency.

Comments received included:

Service users' comments:

- "They couldn't be more helpful."
- "They are so good; I would recommend them to anyone."
- "Tremendous. They kept my dignity and looked after me."
- "I love the girls coming in, they cheer me up."

Service users' relatives/representatives' comments:

- "I am happy with the care."
- "The carers treat my relative with dignity and respect."
- "The carers are quite often early, they have never been late."
- "I am quite happy with everything."

Staff comments:

- "I am aware of the whistleblowing policy and my duty to report poor practice."
- "I have worked for this company for a long time. The manager and staff are very approachable. Any issues I have had have been dealt with quickly and fairly and I also get feedback. I am happy and never have any problems."
- "I know what to do if I do not gain access to a service user's home. I contact the manager or on call if it is out of hours and they try to get in touch with the family."

- If they cannot get in touch with the family, they would contact emergency services. I would not leave the home until the service user is located or I can gain access.”

Returned questionnaires indicated that the respondents were very satisfied with the care and support provided. Written comments included:

- “We really appreciate all the care and support given to our daughter.”

No responses were received from the electronic survey for staff.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since the last inspection?

The last care inspection of the agency was undertaken on 17 January 2022 by a care inspector. No areas for improvement were identified.

5.2 Inspection findings

5.2.1 What are the systems in place for identifying and addressing risks?

The agency’s provision for the welfare, care and protection of service users was reviewed. The organisation’s adult safeguarding policy and procedures were reflective of the Department of Health’s (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The agency’s annual Adult Safeguarding Position report was reviewed and found to be satisfactory.

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours and out of hours. They could also describe their role in relation to reporting poor practice and their understanding of the agency’s policy and procedure with regard to whistleblowing.

No adult safeguarding referrals had been made since the last inspection. The agency is aware that all records of any referrals made to the HSC Trust in relation to adult safeguarding are to be retained.

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided.

The manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

The manager reported that none of the service users currently required the use of specialised equipment. They were aware of how to source such training should it be required in the future. A review of the policy pertaining to moving and handling training and incident reporting identified that there was a clear procedure for staff to follow in the event of deterioration in a service user's ability to weight bear.

Care reviews had been undertaken in keeping with the agency's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements.

All staff had been provided with training in relation to medicines management. The manager advised that no service users required their medicine to be administered with a syringe. The manager was aware that should this be required, a competency assessment would be undertaken before staff undertook this task.

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the MCA.

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The manager reported that none of the service users were subject to DoLS. A resource folder was available for staff to reference.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records, it was good to note that service users had an input into devising their own plan of care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review and services users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

5.2.3 What are the systems in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

New standards for thickening food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI). A number of service users were assessed by SALT with recommendations provided and some required their food and fluids to be of a specific consistency. A review of training records confirmed that staff had completed training in Dysphagia, with a small number of staff still required to complete this training. It was confirmed that all staff had completed training in how to respond to choking incidents.

Discussions with staff and review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the agency. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff also implemented the specific recommendations of the SALT to ensure the care received in the setting was safe and effective.

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs. These were recorded within care plans along with associated SALT dietary requirements. Staff were familiar with how food and fluids should be modified.

5.2.4 What systems are in place for staff recruitment and are they robust?

Upon reviewing the agency's staff recruitment files, it was acknowledged that the criminal record checks (AccessNI) had been completed for all staff and appropriate references were obtained, however a full employment history had not been obtained. All pre-employment checks should be completed prior to the care worker having direct engagement with service users. An area for improvement has been identified in this regard.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC). There was an appropriate system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

There were no volunteers working in the agency.

5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. There was a robust, structured, three day induction programme which also included shadowing of a more experienced staff member. Written records were retained by the agency of the person's capability and competency in relation to their job role.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

All registrants must maintain their registration for as long as they are in practice. This includes renewing their registration and completing Post Registration Training and Learning. The manager was advised to discuss the post registration training requirement with staff to ensure that all staff are compliant with the requirements.

5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

The Annual Quality Report was reviewed and was satisfactory.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) or Significant Event Audits (SEAs) procedures.

The agency's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. No complaints had been received since the last inspection. In some circumstances, complaints can be made directly to the commissioning body about agencies. This was discussed with the manager. Advice was given in relation to updating the complaints policy about how such complaints are managed and recorded.

There was a system in place to ensure that records were retrieved from discontinued packages of care in keeping with the agency's policies and procedures.

Where staff are unable to gain access to a service users home, there is a system in place that clearly directs staff from the agency as to what actions they should take to manage and report such situations in a timely manner. In addition to written direction, it is essential that all staff (including management) are fully trained and competent in this area. Following discussions with the manager it was reported that there is a clear system in place which all staff are aware of and adhere to.

6.0 Quality Improvement Plan (QIP)/Areas for Improvement

An area for improvement has identified where action is required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of Areas for Improvement | 1 | 0 |

The area for improvement and details of the QIP were discussed with Mrs Jennifer Dodds, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

| Quality Improvement Plan | |
|--|--|
| Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007 | |
| <p>Area for improvement 1</p> <p>Ref: Regulation 13(d) Schedule 3</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection and ongoing</p> | <p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</p> <p>This relates to the agency obtaining a full employment history for every applicant.</p> <p>Ref: 5.2.4</p> |
| | <p>Response by registered person detailing the actions taken: New application forms, interview performa and staff recruitment check to ensure full employment history from 18 years of age is documented.</p> |

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